P01000066251

(Re	equestor's Name)			
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(Cit	ty/State/Zip/Phone) #)		
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BILLE

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: seaglass creations (Name of Control	Corporation)			
DOCUMENT NUMBER: P06000066251				
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.			
Please return all correspondence concerning this matte				
Comelia Hoover	ū			
	ontact Person)			
,	,			
Seaglass Creations				
(Firm/C	ompany)			
500 52nd street gulf				
(Address)				
Marathon FI	33050			
` •	nd Zip Code)			
For further information concerning this matter, please	call:			
Cornelia Hoover (Name of Contact Person)	at (305) 743-0945 (Area Code & Daytime Telephone Number)			
Enclosed is a \$35.00 check made payable to the Depar	tment of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building			
Tallahassee, FL 32314	2661 Executive Center Circle			

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

			2, 607:1508, or 617.1508, Florida Statutes; this	_
			nized under the laws of the State of Florida ered agent, or both, in the State of Florida.	Tally 14
1. The name of	the corporation: Sea	glass Creations,	Inc.	
•	office address: 500			
3. The mailing	address (if different):	500 52nd street	gulf	
4. Date of incor	poration/qualification	: 5/10/2006	Document number: P06000066251	
	d street address of the atment of State:	current registered a	gent and registered office on file with the	
	BizFilings			
	8025 excalsion	or drive suite	200	
	madison WI	53717		
6. The name and (if changed):		new registered ager	nt (if changed) and /or registered office	
	Cornelia Hoo	ver		
	500 52nd stre	et gulf		
		(P.O. Box NOT acceptable		
	Marathon	FI	33050	
			address of the business office of its registered agen	t, ·
Such change wauthorized by t	vas authorized by reso the board, or the corp	olution duly adopte oration has been no	d by its board of directors or by an officer so otified in writing of the change.	
COCN	ture of an officer director)	m	CORNELIA HOOVER PRESIDE	NT
I further agree of my duties, a document is be	t the appointment as to comply with the p nd I am familiar with ing filed merely to re is b een n otified in wr	rovisions of all stat and accept the obl eflect a change in th	nd agree to act in this capacity, tutes relative to the proper and complete performan ligation of my position as registered agent. Or, if the ne registered office address, I hereby confirm that the	ce iis ie
Coixe	lia Hop ignature of Registered Agent	ver	(Date) 2/6	
If signing on b	ehalf of an entity:			
	Typed or Printed Name)			
		* * * FILING FI	EE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)