7/29/2020

Division of Corporations

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Division of Corporations

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Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE SEASIDE CAPITAL MANAGEMENT, INC.

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JUL 30 MM

By:

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

statement of cha	nge is submitted for a c	corporation organized	97.1508, or 617.1508, Florida S under the laws of the State of F	Torida	
		e Capital Management,	agent, or both, in the State of Fi Inc	toriaa.	
i. The name of t	ne corporation:	uth Orange Avenue, Suit	e 1350. Orlando FL 32801		
2. The principal	office address:	9	e 1350, Orlando FL 32801	· · · · · · · · · · · · · · · · · · ·	
3. The mailing a	ddress (if different):				
4. Date of incorp	. Date of incorporation/qualification: 03/31/2008 Document number: P08000032946				
	I street address of the cument of State: (If resign		and registered office on file wit	h the	
	Haymaker, Gideon T				
	201 South Orange Ave	enue, Suite 1350, Orland	o FL 32801	2020 JUL 29 SECRETARY	
6. The name and (if changed):			`changed) and /or registered offi	UL 29 AM IO: I	
	C T Corporation Syste	em		) FE	
	1200 South Pine Island Road			₩ <b>+</b>	
	Plantation, Florida 333	P.O. Box NO 324	Г ассернав <del>іє</del>		
The street addre	ess of its registered off be identical.	fice and the street add	ress of the business office of its	registered agent.	
Such change wa authorized by th			its board of directors or by an d in writing of the change.	officer so	
miles	da Daves du	7 /	lelinda Davis Lux, VP, Corporate	-	
I hereby accept I further agree t of my duties, an document is bei	the appointment as re to comply with the pro d I am familiar with a ng filed merely to refle been notified in writi	egistered agent and ag wisions of all statutes and accept the obligan ect a change in the re	Printed or typed hame and till tree to act in this capacity, relative to the proper and com on of my position as registered gistered office address, I hereb		
Dysi USI 07/29/2020					
_	nature of Registered Agent half of an entity:		Date		
Lisa D, DuB	lois, Assistant Secretary				
T	ped or Printed Name				

\* \* \* FILING FEE: \$35.00 \* \* \*

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Cr25045 (04/13)