## 77220000047465

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only



600391836646

202

2022 JUL 29 #1110: 57

Go Criand

KOV 0 1 2022

D CUSHING

## **COVER LETTER**

то:	Amendment Section Division of Corporations					
	•					
SUBJ	ECT: Seaglass Executives, Inc.		<u> </u>		<u></u> .	
Name	of Corporation					
DOC	UMENT NUMBER: P22000047485					
The e	nclosed Statement of Change of Registe	ered Office/Agent a	nd fee	are submitted f	for filing.	
Please	return all correspondence concerning t	this matter to the fol	llowing	i:		
	of Contact Person		_			
_	m Corporate Services, Inc.		_			
	Company					
	ox 52588		_			
Addre						
	AZ 85208		_			
City/S	tate and Zip Code					
	meriamfinancial@gmail.co					
E-ma	il address: (to be used for future ann	ual report notifica	tion)			
					*,	707
For fu	rther information concerning this matte	r, please call:			, 2	2 JUL
Samar	itha Jackson	at ( <sup>720</sup>		318.8456	•	62
	Name of Contact Person	Arc	ea Cod	e & Daytime T	elephone Nu	ım <u>ber</u>
Enclo	sed is a \$35.00 check made payable to t	he Department of S	tate.	) <sup>318.8456</sup> e & Daytime T	·**:	10: 57
	Mailing Address	Street Ac	ldress:			

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

CR2E045 (04/13)

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

statement of che	ange is submitted for a	a corporation organ	2, 607,1508, or 617,1508, Florida ized under the laws of the State of cred agent, or both, in the State of	f Flor	ida		
1. The name of	the corporation: Sea	iglass Executives, Inc.					
2. The principal	547						
3. The mailing a	address (if different):						
4. Date of incor	047485						
	d street address of the rtment of State: (If res	~	gent and registered office on file d	with the			
	Haley Franz						
	550 REGENCY SQUARE BLVD STE 902						
	JACKSONVILLE, F	1. 32225					
6. The name and (if changed):	d street address of the	new registered ager	nt (if changed) and /or registered o	office			
	Haley Franz				20.		
	1992 Lewis Turner B	Blvd Ste 0614			22 JU	٠, ٦	
	P.O. Box NOT acceptable				L 29		
	Fort Walton Beach F	L 32547		- '	ייינ	•	
The street address changed will	ess of its registered of be identical.	office and the street	address of the business office of	its regi	stered :	agent	
Such change wanthorized by the	as authorized by reso he board, or the corp	olution duly adopted oration has been no	by its board of directors or by a tified in writing of the change.	ın office	بر SO باز ری		
taliany.			Haley Franz, President	,			
/ /	re of an officer or director	ronistored amont an	Printed or typed name and agree to act in this capacity.	l title			
1 Jurther Jagree of my dulies, ar document is bei	to comply with the print of am familiar with ing filed merely to rest been notified in wri	rovisions of all stati and accept the obli flect a change in the	ites relative to the proper and co gation of my position as register gregistered office address, I her	omplete red ager reby con	perfor n. Or firm th	mance if this at the	
Hateltany			07/20/2022				
Sig	nature of Registered Agent		Date				
If signing on bo	chalf of an entity:						
T	yped or Printed Name						
	• •						

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