L11000007404

(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

400208936464

06/27/11--01029--009 **35.00

FILED
2011 JUN 27 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

JUN 28 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Seahorse Aseets LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FLORENCIA DAUD
Name of Person

Seahorse Aseets LLC
Firm/Company

944 Meridian Avenue, Unit 9
Address

Miami Beach, FL, 33139
City/State and Zip Code

florenciamarina@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Zulema Othacehe at (305) 308-2401
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ $25 Filing Fee ☐ $55 Filing Fee & Certified Copy

INHS18 (5/08)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Seahorse Aseets LLC

2. (a) Principal office address of limited liability company: 944 Meridian Avenue, unit 9

(Note: MUST BE STREET ADDRESS) Miami Beach, FL, 33139

(b) Mailing address of limited liability company: 944 Meridian Avenue, unit 9

(Note: MAY BE POST OFFICE BOX) Miami Beach, FL, 33139

01/19/2011
3. Date of filing/registration in Florida

L11000007404
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CONSULTING & SERVICE SOLUTION CORP

Registered Office Address: 18181 NE 31 CT 1480
AVENTURA, FL, 33160

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Agent: ZULEMA OTHACEHE

NEW Registered Office Address: 944 Meridian Avenue unit 9
(MUST BE FLORIDA STREET ADDRESS)
Miami Beach, FL, 33139

FILED
2011 JUN 27 PM 5:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

FLORENCIA DAUD
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: $25.00

INHS18 (05/08)