L25000195821

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER . . .

TO: Registration Section Division of Corporations	
SUBJECT: FAST COAST SOUTCING 1/C Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Istal Diego Mendez Name of Person	 -
East Coast Surcing 1/c Firm/Company	_
2651 N Search Blud Address	_
Byrton Beach FL 33435 City/State and Zip Code	_
Sinchine Starting 1/20 Gway, Com E-mail address: (to be used for fature annual report notific	ation)
For further information concerning this matter, please call:	
Sque Diego Merdez at (561 Name of Person) 884 - 045 B Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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. N	Name of the limited liability company: Fast Coast Sc	arcing 1/c
2. (a)		(b)
ώ. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2651 N Seaurest Blod	2651 N Seacrest Blud
	Burton Beach, FL 33435	Buynton Beach FL 33435
3.	Apr. \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1. Document number
	ę c	
5. (a)	Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State:
		·
	Registered Office Address (MUST BE FLORIDA STREET AI	DDRESS)
		292
	t-i	925
		The second secon
(b)	·	- ω . ω .
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	Office address:
		문급 · S
	NEW Registered Office Address:	
	2651 N Seacrest Blad	
	Boyntan Beach FL	33435
If the	· limited liability company is not organized under the laws	s of the State of Florida, it is hereby confirmed that after the
chang	ge or changes are made, the Florida street address of the re i will be identical. Or, in the case of a Florida limited liab	egistered office and the business office of the registered
was/w	were authorized by an affirmative vote of the members of	the limited liability company or as otherwise provided in
ine an	rticles of organization or the operating agreement of the li	
Sign	nature of a member or authorized representative of a member	Printed or typed name of signee
provis the ob to men notifie	reby accept the appointment as registered agent and agree isions of all statutes relative to the proper and complete pobligations of my position as registered agent as provided prely reflect a change in the registered office address. I he led in writing of this change.	e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed creby confirm that the limited liability company has been
Signat	iture of Registered Agent	