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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future? annual report mailings. Enter only one email address please.

Email Address:___

REGISTERED AGENT CHANGE COACH-NET RV MOTOR CLUB, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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COVER LE

TO: Amendment Section Division of Corporations

SUBJECT: COACH-NET RV MOTOR CLUB, INC.

Name of Corporation

F03000000440

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Margaret Mullin

Name of Contact Person

Registered Agent Solutions, Inc.

1701 Directors Blvd, Ste 300

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Margaret Mullin

at (888) 705-7274
Area Code & Daytime Telephone Number

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

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

Street Address:

Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.05 nge is submitted for a corps r to change its registered off	ration organi	zed under the laws of the	: State of Nev	vada		
1. The name of t	he corporation: COACH-1	NET RV M	OTOR CLUB, INC.				
2. The principal office address: 800 Point Vista Drive Su			Suite 53	2			
Hickory C			75065				
3. The mailing a	ddress (if different):						
4. Date of incorp	poration/qualification: 01/2	28/2003	Document number:	F030000	00440		
	I street address of the current tment of State: (If resigned,			on file with	the		
	CT Corporation Syste	em					
	1200 S. PINE ISLAN	D RD.					
	PLANTATION, FL 33	3324					
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.					10 APR	771	
	155 Office Plaza Dr., Suite A						[
	P.O. Box NOT acceptable				b	>- 1	
	Tallahassee, FL 323	301			,	عد ب	٠٠
The street addre	ess of its registered office an be identical.	nd the street a	ddress of the business o	ffice of its re	~ _ ^	-	,
Such change wa authorized by th	s authorized by resolution of the board, or the corporation	luly adopted l has been noti	by its board of directors fied in writing of the ch	or by an offi ange.	icer so		
181 Kristen 1	Vheeler		Kristen Wheeler		Treasure	r	
I hereby accept I further agree to performance of agent. Or, if the	the appointment as register o comply with the provision my duties, and I am familia is document is being filed m that the corporation has be	is of all statut r with and acc erely to reflec	les relative to the proper cept the obligation of m at a change in the regist	acity. r and comple v position as	registere	d	
nereoy congum		en norgica in	04/23/2018				
Sign	nature of Registered Agent		Date	:			
If signing on be	half of an entity:						
	ell - Assistant Secre	tary					

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