## F14000005494

(Reques	tor's Name)			
(Addres	s)			
(Addres	s)			
(City/Sta	ate/Zip/Phone	÷#)		
PICK-UP	] WAIT	MAIL MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing	g Officer:			
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## **COVER LETTER**

то:	Amendment Section Division of Corporations					
SUBJ	ECT: COASTAL HILLS ENTERPRISES, INC  Name of Corporation					
DOCU	JMENT NUMBER: F14000005494					
The er	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Leigh Dubie  Name of Contact Person					
	COASTAL HILLS ENTERPRISES, INC Firm/Company					
8033 Mud Lake Rd						
	Address					
	Macclenny, FL 32063-5237					
City/State and Zip Code						
	E-mail address: (to be used for future annual report notification)					
For fu	rther information concerning this matter, please call:					
	Leigh Dubie at 910 376-0426 Name of Contact Person Area Code & Daytime Telephone Number					
	Name of Contact Person Area Code & Daytime Telephone Number					
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 change is subm	nitted for a corporation o	7.0302, 607.1308, or 617.1308, Florida organized under the laws of the State of registered agent, or both, in the State of	f_NEVADA	<del>_</del>
1. The name of the corporat	ion: COASTAL HILLS E	NTERPRISES, INC		
2. The principal office address	ess: 8033 MUD LAKE RD N	MACCLENNY, FL 32063		
3. The mailing address (if d	fferent):			
4. Date of incorporation/qua	lification: 12/29/2014	Document number: F14000	)005494	
5. The name and street addr Florida Department of Sta		ered agent and registered office on file vesigned)	with the	
BUSINESS	S FILINGS INCORPORA	ATED	<del>-</del>	
1200 SOU	TH PINE ISLAND ROA	D	<del></del>	
PLANTATI	ON, FL 33324		_ % 5	
6. The name and street addr (if changed):	ess of the new registered	d agent (if changed) and /or registered of	office	
Registe	red Agents Inc.			m
3030 N. I	Rocky Point Dr. STE		- × 70 - × 2	-
Tampa F		x NOT acceptable		
The street address of its reg as changed will be identical	pistered office and the s	treet address of the business office of	its registered ag	ent,
Such change was authorize authorized by the board, or	d by resolution duly add the corporation has been	opted by its board of directors or by ar en notified in writing of the change.	n officer so	
Signature of an officer	or director	Leigh Dub Printed or typed name and to	re, P	
I hereby accept the appoint I further agree to comply we performance of my duties, a agent. Or, if this documen hereby confirm that the con	ment as registered age, ith the provisions of ali and I am familiar with a is being filed merely to poration has been notij	nt and agree to act in this capacity. I statutes relative to the proper and co and accept the obligation of my positio o reflect a change in the registered off fied in writing of this change.	mplete on as registered ice address, I	,
Bel Hame		3/21/18		
Signature of Regist	_	Date		
If signing on behalf of an e	питу:			
Typed or Printed	Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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