L02000006431

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

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04/18/16--01017--011 **25.00

16 APR 18 PH 3: 20
SEGMENT OF STATE
MALL ARCSOLF, FLORIDA

J. HARRIS

COVER LETTER

	egistration Section ivision of Corporations	
SUBJECT	r: Best Coast Name of Lim	ited Liability Company
Dear Sir or	г Madam:	
The enclos	sed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please retu	urn all correspondence concerning this matter	to the following:
<u>Wi</u>	lliam Armstrong Name of Person	
_Be	St Coast Firm/Company	
•	1 ,	
1006	Sue Barnett Dr Address	
	7.55.0	
Hous	Ston TX 77018 City/State and Zip Code	
	, ,	*
<u>kee</u>	earmahotmail.com	
	ail address: (to be used for future annual repor	,
For further	r information concerning this matter, please co	all:
Kee	Name of Person at (
	Name of Person \smile	Area Code & Daytime Telephone Number
	TREET/COURIER ADDRESS:	MAILING ADDRESS:
	egistration Section Existing of Corporations	Registration Section Division of Corporations
	ifton Building	P.O. Box 6327
	661 Executive Center Circle allahassee, Florida 32301	Tallahassee, Florida 32314
En	nclosed is a check for the following amount	:
12	5\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

. 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.

. Name of the limited liabil	ty company:	Best Co	ast,	LLC	
l. (a)			(b)		
	ress of limited liability com "BE STREET ADDRESS"	ралу:		_	f limited liability company: E POST OFFICE BOX)
1002 Sue	Barnetto	<u></u>			
Houston	TX 770/8	8			
3/20/6	-002			02-000	006631
. Date of filing/	registration in Florida	4.		Document nu	mber
(a) Corporation Registered Agent and Registered Agent Address	ur St.			tate:	
<u>Tallahas</u>	e <u>e</u>	, fl <i>3 </i>	-30/	_	TALLAHASSEPH
Enter name of NEW Regist	ered Agent and/or NEW R	Registered Office a	address:		PH 3: 20
REGISTERED AC	SENTS INC.				20 20 20 20
NEW Registered Office Ad	dress:				A
3030 N. Rocky P	oint Drive, STE 150	0A			
Tampa		_{, FL} 3360	7		
the limited liability company ne change or changes are mad gent will be identical. Or, in vas/were authorized by an affine articles of organization or the way of the companization of a member or authorized by the company of	e, the Florida street ad the case of a Florida li rmative vote of the mo he operating agreemen	ldress of the regimited liability embers of the lint of the lint of the lint of the limited	gistered off company, i mited liabi I liability c	ice and the busing is hereby confictive company or company.	ness office of the register rmed that the change(s)
hereby accept the appointme rovisions of all statutes relati to obligations of my position to merely reflect a change in the					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

Bill Havre/Assistant Secretary