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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Homeland Coasta (Name o	1 Investment 5 LLC. Of Limited Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Joanna A. Mauer (Name of Person) Homelard C. actul Investment (Firm/Company)	Torrest Torres
4008 White Ave	
Baltimoir, Md 21206 (City/State and Zip Code)	
For further information concerning this matter	er, please call:
(Name of Person)	at (\$50) 251-9498 (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	g amount:
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

II	1
1. Name of the limited liability company: Homeland C	oastal Investments LLC
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	3147 Mulbury PKBLVD Tal. F132316
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	Same as alone
July 15, For 2 3. Date of filing/registration in Florida 4	2020000 17 609 22 5 1
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Joanna A. Maner 25 5
Registered Office Address:	3147 Mulbury PRBL10 The P132311
(b) Enter name of <u>NEW Registered Agent</u> and or <u>NEW</u> <u>NEW</u> Registered Agent:	Registered Office address: Robert Frable
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	64 Bynting Rd Crawfordvivle ,FL 32326
If the limited liability company is not organized under the lathat after the change or changes are made, the Florida street office of the registered agent will be identical. Or, in the cahereby confirmed that the change(s) was/were authorized by liability company or as otherwise provided in the articles of limited liability company.	aws of the State of Florida, it is hereby confirmed address of the registered office and the business se of a Florida limited liability company, it is
(Signature of a member or authorized representative of a member)	
Joanna A. Mawer	
(Printed or typed name of signee) I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the provision of an interest and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a confirm that the limited liability company has been notified (Signature of Registered Agent)	ree to act in this capacity. I further agree to per and complete performance of my duties, and I is registered agent as provided for in Chapter 608, nange in the registered office address, I hereby in writing of this change.

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