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SECNETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Coastal Proporties International, CCC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing	g.	
Please return all correspondence concerning this matter to the following:		
Sara Gillos, Member (Name of Person)		
Cooestal Proporties Int. LCC (Firm/Company)	BIVISIO 07 JU	
24881 Alicia Pkwy ES17.	N OF CORPO	
Laguna Hills, CA 92653 (City/State and Zip Code)	PM 1: 16	
For further information concerning this matter, please call:		
Source Gilles at (949) 916-8855 (Area Code & Daytime Telephon	ne 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 amount:		
\$25 Filing Fee \$\sum 1 \\$55 Filing Fee \$\text{Certified Conv}		

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.
1. The name of the limited liability company is. Constrol Proporties International,
2. The mailing address of the limited liability company is: 24681 Alica Pkwy
ES17 · (agena Hills, CA 92653
4-4-040 38-3701198
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
<u>kichard</u> book
505 Past New York Aire #8
Dolamol FL 32724 City, State and Zip
6. The name and address of the new registered agent and/or office:
Toad Gollnick ?
13215 Briwn Thronber Pile
Florida street address (P.O. Box NOT acceptable)
BIAKENTO FL SINC PROPERTY
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a mombar or authorized representative of a member)
(Printed or typed name of signee)
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 666, 3. Or lift this document is being filed to merely reflect a change in the registered office address. I have provided that the limited liability company has been notified in writing of this change. (Signature of Registered Association)
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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page 2

FILING FEE: \$25.00

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