L0400007416S

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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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│ Special Instructions to Filing Officer: │
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Office Use Only
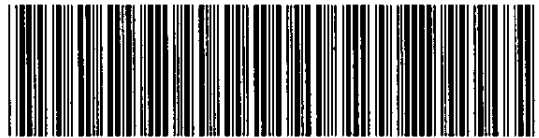
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T. CLINE

SEP - 9 2008

EXAMINER

<center>**COVER LETTER**</center>

TO: Registration Section
Division of Corporations

SUBJECT: <u>CORAL KEY DEVELOPMENT LLC</u>   ▣
<center>(Name of Limited Liability Company)</center>

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BIRAN HERNDON
<center>(Name of Person)</center>

ELITE TAX ADVISORY SERVICES LLC
<center>(Firm/Company)</center>

1971 SE PORT ST LUCIE BLVD
<center>(Address)</center>

PORT ST. LUCIE, FL 34952
<center>(City/State and Zip Code)</center>

For further information concerning this matter, please call:

BIRAN HERNDON   at (772) 293-9452
<center>(Name of Person)   (Area Code & Daytime Telephone Number)</center>

STREET/COURIER ADDRESS: **MAILING ADDRESS:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
Clifton Building   P.O. Box 6327
2661 Executive Center Circle   Tallahassee, Florida 32314
Tallahassee, Florida 32301

Enclosed is a check for the following amount:

☑ **$25 Filing Fee**   ☐ **$55 Filing Fee & Certified Copy**

INHS18 (5/08)

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. Name of the limited liability company: **CORAL KEY DEVELOPMENT LLC** ⊞

2. (a) Principal office address of limited liability company: 3410 N. HARBOR CITY BLVD, ⊞
   (Note: MUST BE STREET ADDRESS) MELBOURNE, FL 32935 ⊞

   (b) Mailing address of limited liability company: 3410 N. HARBOR CITY BLVD. ⊞
   (Note: MAY BE POST OFFICE BOX) MELBOURNE, FL 32935 ⊞

   10/12/2004   L04000074165
3. Date of filing/registration in Florida   4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   Registered Agent: . LARKIN, DAVID

   Registered Office Address: 1900 S. HICKORY STREET
   STE A ⊞
   MELBOURNE, FL 32901 ⊞

   (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

   NEW Registered Agent: BIRAN HERNDON ⊞

   NEW Registered Office Address: 1971 SE PORT ST LUCIE BLVD
   (MUST BE FLORIDA STREET ADDRESS)
   PORT ST. LUCIE ⊞,FL 34952

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.

(signatures)

(Signature of a member or authorized representative of a member)

GARY M. NELSON   DONALD L. PLYMEL

(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 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(signature)

(Signature of Registered Agent)

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

INHS18 (05/08)