LOH0000 905/2

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

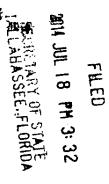
Office Use Only



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RACHARGE



ROR 8/4/14

COVER LETTER

TO: Registration Section

Divisio	n of Corporations					
SUBJECT: E	EASTERN COASTAL DEVELOPMENT					
SUBJECT: _	Name of Limited Liability Company					
Dear Sir or Ma	dam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return al	l correspondence concerning this	s matter to the fo	llowing:			
JAVIER QUE	EVEDO					
	Name of Person		-			
EASTERN C	OASTAL DEVELOPMENT					
	Firm/Company	 	-			
7804 BELVE	DERE ROAD					
	Address		-			
WEST PALM	И ВЕАСН, FL 33411					
	City/State and Zip Code		-			
JCORBETT	@ECDLLC.NET					
E-mail ad	dress: (to be used for future annual	ual report notific	ation)			
For further info	ormation concerning this matter,	please call:				
JAMES COF	RBETT	561 at (676-1378			
	Name of Person	_ ** (Area Code & Daytime Telephone Number			
Registi Divisio Clifton 2661 E	ext/COURIER ADDRESS: ration Section on of Corporations a Building executive Center Circle cassee, Florida 32301	Regi Divi P.O.	stration Section sion of Corporations Box 6327 phassee, Florida 32314			
Enclosed is a check for the following amount:						
☑ \$25	Filing Fec	□ \$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.

	nme of the limited liability company: EASTERN CO	ASTAL DEVELO 7804 BEL	VEDERE
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) WEST PALM BEACH, FL 33411	(D) Ma	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) ALM BEACH, FL 33411
3. 5. (a)	Date of filing/registration in Florida JAVIER QUEVEDO Registered Agent and Registered Office shown on the records of the 1410 FORSYTHE ROAD Registered Office Address (MUST BE FLORIDA STREET A.)	ne Florida Dept. of State:	Document number PA JUL 18 PH
(b)	JAVIER QUEVEDO	33405	3: 32 STATE FLORIDA
	7804 BELVEDERE ROAD NEW Registered Office Address:	Jince address;	
	WEST PALM BEACH , FL	33411	
the cha agent was/w	imited liability company is not organized under the law ange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the registered office a bility company, it is the limited liability imited liability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
I here provisi the obi to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	ee to act in this capac performance of my di for in Chapter 605, ereby confirm that th	city. I further agree to comply with the uties, and I am familiar with and accep F.S. Or, if this document is being filed see limited liability company has been
Signatu	re of Registered Agent Division of Cornerations P.O. R		FI 22214

FILING FEE: \$25.00