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SECRETARY OF STATE
TALLAHASSEE, FLORELA

## ANT 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.

_	The name of the limited liability company is. Coastal Cottage, LLC						
	1. The hame of the minute haomy company is.	mailing address of the limited liability company is: P.O. Box 630, Eastpoint, FI 32328					
<i>L</i> .	2. The maining accress of the minera hability company is .			,			
2	2/4/2005 L05000013403						
3. Date of filing/registration in Florida 4. Document nur		er					
5.	5. The name of the registered agent and the registered office address as shown on Florida Department of State:  John R. Moody	the rec	cords (	of the			
	Name 140 Griffin Avenue						
	Address Port St. Joe, Florida 32456 City, State and Zip						
6.	5. The name and address of the new registered agent and/or office:						
	John R. Moody						
	Name 1752 Lilac Lane		1815	€			
	Florida street address (P.O. Box NOT acceptable)	핅	्रिंड				
	St. Georgia Island FL 32328	E. CHES	à	· - 1 - ± ±			
	City, State and Zip		A ⊡				
ar lia	If the limited liability company is not organized under the laws of the State of Floconfirmed that after the change or changes are made, the Florida street address of and the business office of the registered agent will be identical. Or, in the case of liability company, it is hereby confirmed that the change(s) was/were authorized the members of the limited liability company or as otherwise provided in the article operating agreement of the limited liability company.	the re a Flor by an a	gistere rida lir affirma	ed office mited ative vote of			
ζS	Signature of a member or authorized profesentative of a member)						
	John R. Moody						
_	(Printed or typed name of signee)						
I co	I hereby accept the appointment as registered agent and agree to act in this cape comply with the provisions of all statutes relative to the proper and complete per and I am familiar with and accept the obligations of my position as registered ag Chapter 608, F.S. Or, if this document is being filed to merely reflect a change if address, I hereby confirm that the limited liability company has been notified in v	icity. formatent as the r vriting	I furth nce of provid egister of thi	er agree to my duties, led for in red office s change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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(Signature of Registered Agent)

**FILING FEE: \$25.00**