L05000033026

| (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



700284563517

04/18/16--01037--023 **25.00

ZOUG APR 18 P 2: 08: ZEKKTARY OF STATE ZEKKTARSEE, FLORIDA,

APR 1 9 2016

8 MASON

TO: Registration Section **Division of Corporations** Gulf Coast Real Estate, LLC Name of Limited Liability Company 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: Faye S. Chancey Name of Person Gulf Coast Realty of NW FL Firm/Company 2632 Sorrel Ridge Rd Address Crestview FL 32536 City/State and Zip Code fayeschancey@cox.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Faye S. Chancey Name of Person Area Code & Daytime Telephone Number 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

Enclosed is a check for the following amount:

2 \$25 Filing Fee

Tallahassee, Florida 32301

□ \$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 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.

| 1. | Na | me of the limited liability company: Gulf Coast Rea | ıl Est | ate, LLC | | | | |
|------------------------|-----------------------|--|------------------------------------|---|---|--|-------------------------------|---|
| 2. | (a) | 102 Brian Drive | Ų | 102 Bria | ın Drive | • | | |
| L. | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | - \ | | _ | dress of limit MAYBE PO | | lity company: ICE BOX) |
| | | 102 Brian Drive | | 102 Bria | n Drive | . | | |
| | | Crestview FL 32536 | _ | Crestvie | wFL 3 | 32536 | | |
| | | March 8, 2005 / Effective cha | ng | و | | | | |
| | | March 8, 2005 / 5 am 2016 | • | L0500002 | 23026 | | | |
| 3. | | Date of filing/registration in Florida | 4. | _ | Docume | ent number | Γ | |
| 5. | (a) | Faye S. Chancey | | | | | | |
| | () | Registered Agent and Registered Office shown on the records of the | e Florid | a Dept. of State | - o: | | | |
| | | Gulf Coast Real Estate, LLC dba Gulf Coast F | Realty | of NW FL | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET AL | DDRES | <u>s)</u> | | | | |
| | | 102 Brian Drive | | | _ | • | n. 3 | ÷ |
| | | Crestview , FL | 32536 |) | _ | 3 | <u> </u> | Harapara / V. |
| | | | | | | 25 X | : PR | Manual Manual (No and Manual Manual (No and Manual |
| | (b) | The Community of the Co | | | _ | SEC | 8 | 20000000 |
| | | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> | Atice a | idress: | | - '유 | U | |
| | | | | 4 | | F STATE FLORID | Ÿ | |
| | | NEW Registered Office Address: | | | | DE A | 80 | ************************************** |
| | | 2632 Sorrel Ridge Rd | | | _ | | | |
| | | Crestview | 32536 | 3 | | | | |
| the ag wa the | ent vis/we art | imited liability company is not organized under the lawsinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liability | he reg bility of the linited | istered office company, it in ited liabilit | e and the is hereby by compa npany. Incey | business confirmed my or as of | office d that t therwis | of the registered he change(s) se provided in |
| | - | ture of a member or authorized representative of a member | | no in obia a — | | or typed nam | • | |
| pr th to | ovisi e obi 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 had in writing of this change | erfori for in ereby | nance of mỹ Chapter 60: confirm that | duties, d 5, F.S. (the limit | ind I am fa Dr, if this a ted liabilit | mni li m | with and accent |
| <u>\s</u> | gnati | re of Routstered Agent | | | | | | |
| | | | | | | | | |

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