L05000030768

(Requestor's Name)								
(Address)								
(Address)								
(1001000)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
(Document Names)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								





200271094022

03/27/15--01017--017 **25.00

SECULIARY OF CORNEY OF THE

Ch'2/5



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: March 25, 2015

Order#: 540425/009

Re: COASTAL VILLAGE LLC

Enclosed please find:

XX _ Change of Registered Agent and Office.

XX Check in the amount of \$25 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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:	COASTAL VILLA	AGE, LLC	<u> </u>			- 	
2.	(a)	7995 Mahogany Run Lane			7995 Mahogany Run Lane				
	()	Principal office address of limited li. (Note: MUST BE STREET A	• • •	_ (b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		Naples	FL 34113	_	Naples, I	FL 34113			
		03/29/2005			L05000030768				
3.		Date of filing/registration in	n Florida	4.	*	Document number			
5.	(a)	William G. Morris							
	()	Registered Agent and Registered Office sho	wn on the records of the	he Florida l	Dept. of State	e:			
		247 N COLLIER BLVD, Suite 202							
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				_			
		Marco Island	, FL_	34145	•		55 75	SEC	
	(b)					-	TI AND	(*) (*) #*+ (*) (*) ****	
						-	27		
		Enter name of <u>NEW Registered Agent</u> and	or <u>NEW Registered</u>	Office add	ress:		PH	젊습	
		1201 Hays Street				_	?		
		NEW Registered Office Address:					է2	Ħ	
						-			
		Tallahassee	, FL_	32301		_			
the ag	e cha ent v as/we	mited liability company is not organinge or changes are made, the Florida will be identical. Or, in the case of a cre authorized by an affirmative vote cles of organization or the operating	a street address of Florida limited lia of the members of	the regist ability con f the limi limited li	ered office npany, it is ted liabilit ability con	e and the business office s hereby confirmed that t y company or as otherwis npany.	of the r he char	egistered ige(s)	
Signature i a member if authorized representative of a member				Dona Priebe, Authorized Person Printed or typed name of signee					
pr the to no	herei ovisi e obl mere tifie	by accept the appointment as register ons of all statutes relative to the projections of my position as registered ly reflect a change in the registered in writing of this change.	red agent and agre per and complete p agent as provided office address, I h	performa I for in C iereby co	nce of my hapter 605 nfirm that	acity I further agree to	comply with ar nt is be vany ha	with the nd accept ing filed s been	

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