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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations					
Division of Corporations					
SUBJECT: Frost Developers Of The Treasure Coast, LLC					
Name of Limited Liability Company	—				
. Mand S. Shahay 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:					
Jeanne M. Gasiorek					
Name of Person					
Frost Developers Of The Treasure Coast, LLC					
Firm/Company					
67 North River Road					
Address					
Stuart, FL 34996					
City/State and Zip Code					
jgasiorek4@gmail.com					
<u></u>					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Jeanne M. Gasiorek at (772) 485-4504					
Name of Person Area Code & Daytime Telephone Num	ber				
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					
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.

1. 1	Name of the limited liability company: Frost Dev	elopers	Of The Treasure Coast, LLC
2. (a)	(b) _	
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	67 North River Road	_	67 North River Road
	Stuart, Fl 34996		Stuart, Fl 34996
,	April 27, 2005		L05000041527
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		
	Registered Agent and Registered Office shown on the records of t	he Florida De	pt. of State:
	Bruce A. Koebe		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
	2477 N.E. Dixie Highway		~،
	Jensen Beach ,FL	34957	
(b)		<u> </u>	
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	3 3 3
	Jeanne M. Gasiorek		2017 AUG 25 PH IZ: 04 CALL AND ASSET OF BORN
	NEW Registered Office Address:		
	67 North River Road		
	Stuart,FL_	34996	
agent was/w	limited liability company is not organized under the law ange 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 of the operating agreement of the limited liability.	ne registere	any, it is hereby confirmed that the change(s)
Signa	thire of a member or authorized representative of a member	Sco	Ott A. Gasiorek, MGRM Printed or typed name of signee
I here provis the ob-	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 he d in writing of this change.	e to act in therformance for in Chapereby confi	
Signah	land Oppion	_8/	18/2017
V	District CO III	- (