## 10500052518

(Requestor's Name)					
(Address)					
(A	ddress)				
(C	ity/State/Zip/Phone #	r)			
PICK-UP	☐ WAIT	MAIL			
(B	usiness Entity Name	)			
(Document Number)					
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## **COVER LETTER**

	Registration Section Division of Corporations						
SUBJE	DRAKES CORAL LLC						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enc	losed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning th	is matter to	the following:				
EVAN	GELINA M. PALMER						
	Name of Person						
	Firm/Company						
P.O. B	OX 3282						
	Address						
PONT	E VEDRA BEACH, FL 32004						
	City/State and Zip Code						
EVAN(	GELINAPALMER@MSN.COM						
E-1	mail address: (to be used for future ann	ual report n	otification)				
For furth	ner information concerning this matter,	please call:					
EVANO	GELINA M. PALMER	904 at (	945-7653				
	Name of Person		Area Code & Daytime Telephone Number				
   	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
i	Enclosed is a check for the following	amount:					
í	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOI LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compan submits the following statement in order to change its registered office or registered agent, or both, in the State control of the state of the s

1. No	a.  ame of the limited liability company: DRAKES C	ORAL	. Ll	_C	
2. (a)	161 AUGUSTINE ISLAND WAY		(t	P.O. BC	X 3282
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(ι	· —	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	ST. AUGUSTINE, FL 32095			PONTE	VEDRA BEACH, FL 32004
	05/26/2005			L0500005	52518
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	EVANGELINA M. PALMER				
(/	Registered Agent and Registered Office shown on the records	of the Flo	orid	a Dept. of State	e:
	Registered Office Address (MUST BE FLORIDA STREE 161 AUGUSTINE ISLAND WAY ST. AUGUSTINE , I	320		<u></u>	FILED AUG 13 IM 7: 10 LANASSEE, FLORIUM
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Offic	e ad	dress:	NO TO
	4300 SOUTH BEACH PKWY				
	NEW Registered Office Address: UNIT # 3220				
	JACKSONVILLE BEACH,	<sub>FL</sub> 322	50		-
the cha agent v was/we the arti	imited liability company is not organized under the large or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the first of a member or authorized representative of a member by accept the appointment as registered agent and a constant of all statutes relative to the proper and completing after the change in the registered office address, din veriting of this change.	of the r liability s of the he limit	egi. y co lin ed l Ev	stered office ompany, it is nited liability liability con ANGELII	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.  NA M. PALMER  Printed or typed name of signee

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

Signature of Registered Agent