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COVER LETTER

^t TO:	Registration Section Division of Corporations		•		
SUBJ	West Coast Realty and Inves	tments,	LLC		
Name of Limited Liability Company					
Dear S	Sir or Madam:				
The er	nclosed Registered Agent/Registered Offic	e Change	and fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to	the following:		
Mich	ael Carnevale				
	Name of Person		 		
West	t Coast Realty and Investments, LL	C			
	Firm/Company			į+4	
PO E	Box 66293			¥11. ¥038	15 JAN
	Address			基份 ● 50 - 20	N 26
Oran	ige Park, FL 32065			11	PH
	City/State and Zip Code			7	<u>.</u>
west	coastrealty@hotmail.com			7:55	_
]	E-mail address: (to be used for future annu	al report n	otification)		
For fu	rther information concerning this matter, p	lease call	:		
Mich	ael Carnevale	352 at (464-4215		
	Name of Person	(Area Code & Daytime Telepho	ne Numb	_ oer
	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		
	Enclosed is a check for the following a	imount:			
	☑ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

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. N	lame of the limited liability company: West Coast I	Realty and I	nvestments, LLC		
2. (a)					
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	.,,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) PO Box 66293		
	2998 Bent Bow Lane	PC			
	Middleburg, FL 32068	Or	ange Park, FL 32065		
	9/19/2005	L05	000091752		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)				
J. (u	Registered Agent and Registered Office shown on the records of		. of State:		
	Michael B Carnevale				
	Registered Office Address (MUST BE FLORIDA STREET				
	6621 SW 81ST ST		15 . SEC		
	GAINESVILLE	32608			
	, , , ,	<u> </u>	<u> </u>		
(b))				
, ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:			
			<u>∵</u> —		
	NEW Registered Office Address:				
	2998 Bent Bow Lane				
	Middleburg , FI	_32068			
If the	limited liability company is not organized under the le	wa of the Stat	a of Florida, it is haraby confirmed that after		
the ch	limited liability company is not organized under the la lange or changes are made, the Florida street address o	f the registere	d office and the business office of the registered		
agent was/w	will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members	iability compa of the limited	iny, it is hereby confirmed that the change(s) liability company or as otherwise provided in		
	ticles of organization or the operating agreement of the				
		Michae	B Carnevale		
•	ature of a member or authorized representative of a member		Printed or typed name of signee		
provis the ob to me	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I ed in writing of this change.	ree to act in the performance ed for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed im that the limited liability company has been		
Signat	ure of Registered Agent				