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(Requestor's Name) (Address)	40016219905
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	11/04/0301010005 **25.
(Business Entity Name)	Control of the contro
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Certified Copies : Certificates of Status * \$0.000 >	
Special Instructions to Filing Officer:	71 - 17 - 17 - 17 - 17 - 17 - 17 - 17 -
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Office Use Only



EXAMINER

COVER LETTER

Division of Corporation	ns			
SUBJECT:	Coastal R	esorts Online	LLC	
SUBJECT:		ed Liability Comp		<u></u>
Dear Sir or Madam:				
	,			
The enclosed Registered Agen	t/Registered Office	Change and fee(s) are submitted for	filing.
Please return all correspondence	ce concerning this I	natter to the follo	owing:	
Steve P	Preslev			
Name of Po				
Snowman R				
Firm/Comp	pany			
232 Stanley				7. 2
Address	,			SECTION -4 AMIN: 07
pm 1 14	21 07000			200
Franklin, T				1 SE
City/State and	Zip Code			TO P
L 1. 044 <i>6</i>	D			
t presley011@ E-mail address: (to be used for fut	DCOMCast.net	tion)		
For further information concer				
Steve or Teresa Pro	esleyat (615	599-6537	
Name of Person		Area Code	& Daytime Telephone Nu	ımber
STREET/COURIER A	DDRESS:	MAILING A	ADDRESS:	
Registration Section		Registration		
Division of Corporations	;	Division of (
Clifton Building		P.O. Box 633		
2661 Executive Center C Tallahassee, Florida 3230		Tallahassee,	Florida 32314	
Enclosed is a check fo	or the following an	nount:		
\$25 Filing Fee		\$55 Filing	Fee & Certified Co	ру

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company:	oastal Resorts Online, LLC			
2. (a) Principal office address of limited liability compan	y: 232 Stanley Park Lane			
(Note: MUST BE STREET ADDRESS)	Franklin, TN 37069			
(b) Mailing address of limited liability company:	232 Stanley Park Lane			
(Note: MAY BE POST OFFICE BOX)	Franklin, TN 37069			
12/19/2005	L05000120388			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:			
Registered Agent:	NRAI SERVICES, INC			
Registered Office Address:	2731 EXECUTIVE PARK DRIVE, SUITE WESTON FL 33331 US			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address			
NEW Registered Agent:	James Tipps			
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2550 State Road 580 East			
	Clearwater ,FL33761			
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office			
Steve Presley	<u>_</u>			
Printed or typed name of signee				
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pa and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to m address, I hereby confirm that the limited liability compan	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office my has been notified in writing of this change.			
Signature of Registered Agent				
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00				