L06000013461

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PłCK-UP	WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
-		

Office Use Only



200117978242

02/14/08--01032--013 **55.00

OBFEBIL PHIZ: 07
SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Coass online (Name of Limited L	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Jena D. Woodhum (Name of Person)	
Guf Coust on line Plenta	<u>\&</u>
22724 Parm City Bea	en Parkway
Rame City Back FL 3 (City/State and Zip Code)	,2413
For further information concerning this matter, please	call:
Name of Person) at (82	(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
Enclosed is a check for the following amoun	t:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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.

agent, or both, in the state of rioriaa.
1. The name of the limited liability company is: Gulf Coust on line Rental such
2. The mailing address of the limited liability company is: 22726 Panne City Breek
Parking Roman City Beach FL 32413
2-7-06 L0600001346/
3. Date of filing/registration in Florida 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
Name
22724 Panen City Breek Porkway Address
Ranmy City, State and Zip Fu &
6. The name and address of the new registered agent and/or office:
6. The name and address of the new registered agent and/or office: Name Polytography Name Polytography Florida street address (P.O. Box NOT acceptable)
Name 22724 Roman City Berry Parkways R. S. Florida street address (P.O. Box NOT acceptable)
Florida street address (P.O. Box NOT acceptable)
P, City, Beach FL 32413 City, State and Zip
City, State and Zip
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.
(Signature of a member or authorhed representative of a member)
The for Rolls
(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company 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

X,