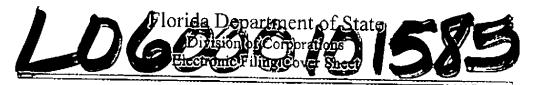
https://efile.sunbiz.org/scripts/efilcovr.exe



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : 113990000006 Phone : (407)425-7010 Fax Number : (407)425-2747

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please *

Email Address: corporate@zkslawfirm.com

ECRETARY OF STATE LLARASSIF STATE

LLC REGISTERED AGENT CHANGE COSLER MANAGEMENT, LLC

A CONTRACTOR OF STREET, STREET	<u> </u>
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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: COSLER MANAGEMENT, LLC						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.					
Please return all correspondence concerning this mat						
ANDREW H. THOMPSON, ESQUIRE						
Name of Person						
ZIMMERMAN, KISER & SUTCLIFFE, P.A.						
Firm/Company						
315 E. ROBINSON STREET, SUITE 600						
Address						
ORLANDO, FLORIDA 32801						
City/State and Zip Code						
corporate@zkslawfirm.com						
E-mail address: (to be used for future annual rep	ort notification)					
For further information concerning this matter, please	call:					
at (407 425-7010					
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					
Enclosed is a check for the following amoun	nt:					
☑ \$25 Filling Fee	S55 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 ar 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.	Na	me of the limited liability company: COSLER MAN	NAGEI	MENT, LL	C			
	(a)	2399 GULF OF MEXICO DRIVE	(b) 2399 GULF OF MEXICO DRIVE					
	(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ((<i>,</i> ——	Mailing address of limito (Note: MAY BE POS			
		LONGBOAT KEY, FLORIDA 34228		LONGB	OAT KEY, FLOR	IDA	3422	28
		10/18/2006	_	L0600010	01585			
3.		Date of filing/registration in Florida	4.		Document number			
5.	(a)	STEPHEN B. HATCHER, ESQUIRE						
	,	Registered Agent and Registered Office shown on the records of the ZIMMERMAN, KISER & SUTCLIFFE, P.A.	- c: 		_,			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			- 35:		-; ;	9
		315 E. ROBINSON STREET, SUITE 600			ا الله الله الله الله الله الله الله ال		SUL	T
		ORLANDO, FL	32801		- : : : : : : : : : : : : : : : : : : :		S- 9	
	(b)	ANDREW H. THOMPSON, ESQUIRE		E PLORIDA		Æ		
		Enter name of NEW Registered Agent and/or NEW Registered (office ad	dress:] - (بي	
		ZIMMERMAN, KISER & SUTCLIFFE, P.A.			₩		သ္ဟ	
		NEW Registered Office Address:						
		315 E. ROBINSON STREET, SUITE 600			-			
		ORLANDO , FL	32801		-			
the	cha: nt w	mited liability company is not organized under the law inge or changes are mede, the Florida street address of to fill be identical. On in the case of a Florida limited lial re authorized by an affirmative vote of the members of these of organization or the operating agreement of the i	the regi: bility co the lim imited l	stered office impany, it is	e and the business of s hereby confurned t y company or as othe ipany. COSLER	fice of the triber of triber of the triber of triber	of the te cha e pro	registered mge(s)
	-	use of a member or authorized representative of a member			Printed or typed name of	•		
I h pro the to t not	ereb visio obli nere ified	ly accept the appointment as registered agent and agree ons of all statues; relative to the proper and complete proper and complete proper and complete provided by reflect a charge in the registered agent as provided in reflect a charge in the registered office address, I have change.	te to act perform for in (ereby c	in this cape ance of my (Chapter 605 onfirm (hat)	acity. I further agre duties, and I am fam i, F.S. Or, if this doc the limited liability o	e to c iliar camcu compi	ompl with a at is b any h	y with the ma accept peing filed as hern
Sig	onte	e of Registerod Agent						