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JUL 1 9 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations					
Coughlin Commercial LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Stephen M Coughlin					
Name of Person	 .				
Coughlin Commercial LLC					
Firm/Company					
800 N Magnolia Avenue, Suite 420					
Address					
Orlando, FL 32803					
City/State and Zip Code					
Accounting@Coughlin-Advisors.com					
E-mail address: (to be used for future annual report	rt notification)				
For further information concerning this matter, please call:					
Stephen Coughlin 40	599-7100				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301					
Enclosed is a check for the following amount:					
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

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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.	Na	ame of the limited liability company: Coughlin Con			
2	(a)	800 N Magnolia Avenue	(b) 800 N Magnolia Avenue		
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite 420	Suite 4	420	
		Orlando, FL 32803	Orland	do, FL 32803	
		01/09/2007	L07000	0003538	
3.		Date of filing/registration in Florida	4.	Document number	
5.	(a)				
٥.	(ω)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	State:	
		Stephen M Coughlin			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		250 S Park Avenue, Suite 300		5	
		Winter Park , FI	32789	— JUL	
				8	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	1.065		
		Enter name of NEW Registered Agent and/or NEW Registered	o Office address.	2: 43	
		800 N Magnolia Avenue		च्या विकास के जिल्ला 	
		NEW Registered Office Address:			
		Suite 420		<u> </u>	
		Orlando, FI	_32803		
th ag with — I prh to	e chigent sas/w as/w e art Signa here ovis e ob	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members clicles of organization or the operating agreement of the ature of american authorized representative of a member why accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	f the registered of iability company, of the limited liability of limited liability of Stephen Maree to act in this case performance of the defor in Chanter	fice and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company. I Coughlin Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept to 505 FS. Or if this document is being filed	

Signature of Registered Agent