## L01000081622

(Re	questor's Name)			
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(Cit	ty/State/Zip/Phone	e #)		
		<b>—</b>		
PICK-UP	☐ WAIT	MAIL		
(Bu	isiness Entity Nar	ne)		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
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SECRETARY OF STATE

N. Cutton AUG 1 9 2015

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI	ест:	Name of Limited Liability Company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Register	ed Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Daniel F. Cal	tania		
East Coast Coppraises LCC Firm/Company				
	2625 Ponce de Address	Leon Blod #285		
	City/State and Zip C	17 33134 Code		
<u>C</u>	-mail address: (to be used for futu	Laure. Com- ure annual report notification)		
For fur	ther information concerning this r	natter, please call:		
Daniel Cabania at (305) 441.0882				
	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS Registration Section	SS: MAILING ADDRESS: Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	P.O. Box 6327 Tallahassee, Florida 32314		
	Enclosed is a check for the following amount:			
	□ \$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	Name of the limited liability company: Fast Coast Approvers	LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited (Note: MAY BE POS	ed liability company:
	Chal Gable Fl. 33134	
	same as offer	~ 0
	8/8/2007 L070000810	622
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 Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Registered Office Address	72 <b>2</b> 8
	Coal Gables, FL 33134	
(b)		AND DE D
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	2625 Ponce de Leon Blod # 285	M II: 56 FIGUREA
	NEW Registered Office Address:	
	Chal Gulle Fl	
	, FL 33134	
the cha agent was/w	limited liability company is not organized under the laws of the State of Florida, it is hereby conange or changes are made, the Florida street address of the registered office and the business of will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed were authorized by an affirmative vote of the members of the limited liability company or as oth ticles of organization or the operating agreement of the limited liability company.	ffice of the registered that the change(s)
	Danul Cata	nia
•	ature of a member of authorized representative of a member Printed or typed name	8
I here provis the ob to mer notifie	eby accept the appointment as registered agent and agree to act in this capacity. I further agre sions of all statutes relative to the proper and complete performance of my duties, and I am fam oligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this do rely reflect a change in the registered office address, I hereby confirm that the limited liability and in writing of this change	e to comply with the niliar with and accept cument is being filed company has been
Signatu	ure of Registered Agent	

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00