L07000081622

(Requestor's Name)	_
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	_
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	\rceil





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08/21/19--01013--006 *+25.00

S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Cast Coast appraise Name of Limited Liability Co	en LLC			
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:				
Any Quinlar Name of Person				
East Coast appraises LCC				
Firm/Company	1			
7001 SW 97 Aug Swite 2061	7			
Address				
Miam, FL 33173 City/State and Zip Code				
E-noil address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
A Cular at (305) Area Co	441.0882_ ode & Davtime Telephone Number			
STREET/COURIER ADDRESS: MAILING . Registration Section Registration Division of Corporations Division of Clifton Building P.O. Box 63	ADDRESS:			
Enclosed is a check for the following amount:				
\$25 Filing 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 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:EstOast_Copp	vaises LC
2. (a)	(b)	
•		Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	7001 Sw 97 Ave Swee 206A	7001 SW 97 Are Suite 2
	Mane FC 33173	Many FL 33173
	8/8/2007 Lo	7000081622
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	e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	- ,
	7881 CSW 97 Ame Switch 200A	4226 SW 70 Court
	Maju .FL 33173	33155
1.	David Cathria	l
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	
	7001 00 00 An 5 to 20	<i>i</i>
	7001 SW 97 Ave Swite 201 NEW Registered Office Address:	-
	NATA Registered Office Address.	
		-
	Meanie FL 33173	_
If the li	imited liability company is not organized under the laws of the State of Flo	orida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, it is	and the business office of the registered
was/wo	ere authorized by an affirmative vote of the members of the limited liability icles of organization for the operating agreement of the limited liability con	y company or as otherwise provided in
	(a D x 1	Daniel & Catania
-	ture of a member or authorized representative of a member	Printed or typed name of signee
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agree to act in this capions of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 605 ely reflect a change in the registered office address. I hereby confirm that d in writing of this change.	acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this/document is being filed the limited liability company has been
Signato	tre of Registernt Agent	1

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