L08000006628

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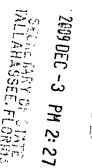
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COVER LETTER

TO: Registration Section Division of Corporations	
	Ilfcoast IPA, L.L.C. imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Walter L. Presha	
Name of Person	
Gulfcoast IPA, L.L.C. Firm/Company	2009 DEC -3
i ma Company	
P.O. Box 499	
Address	PM 2: 27 EE FLORIDA
Parrish, FL 34219 City/State and Zip Code	
E-mail address: (to be used for future annual report no	tification)
For further information concerning this matte	r, please call:
Walter L. Presha	at ()
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 32301	Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
\$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.

Name of the limited liability company:	Gulfcoast IPA, L.L.C.
2. (a) Principal office address of limited liability compan	y:
(Note: MUST BE STREET ADDRESS)	12214 U.S. Highway 301 North Parrish, FL 34219
(b) Mailing address of limited liability company:	
(Note: MAY BE POST OFFICE BOX)	P.O. Box 499 Parrish, FL 34219
01/17/2008	L08000006628 N
3. Date of filing/registration in Florida	4. Document number 2
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	James E. Thomison, Esq.
Registered Office Address:	Walters Levine Klingensmith & Thomison 1800 2nd Street, Suite 808 Sarasota, FL 34236
NEW Registered Agent: NEW Registered Office Address:	Walters Levine, et al.
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Walters Levine, et al. 1819 Main Street, Suite 1110
	Sarasota ,FL34236
If the limited liability company is not organized under the confirmed that after the change or changes are made, the I and the business office of the registered agent will be iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member	Florida street address of the registered office atical. Or, in the case of a Florida limited by was/were authorized by an affirmative vote erwise provided in the articles of organization
5. M. 1. 19 A	
Walter L. Trosha Printed or typed name of signee	_
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the prond I am familiar with and accept the obligations of my proceed that the constant is being filed to maddress, I hereby confirm that the limited liability company.	agree to act in this capacity. I further agree to roper and complete performance of my duties, osition as registered agent as provided for in erely reflect a change in the registered office sy has been notified in writing of this change.
Signature of Registered Agent	