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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(61),61110124		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

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EXAMINER

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT:	Coast to Coast Compliance, LLC  Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Degistered Agent/D	egistered Office Change and fee(s) are submitted for filing.	
-		
Please return all correspondence of	concerning this matter to the following:	
Karia O. 5		
Kevin C. F	<del></del>	
	•	
K. Reid, CPA	A, Inc.	Ð.
Firm/Company		2
		3
3890 Turtle Creek	Dr., Suite B	ĭ
Address		<u>,</u>
	. π. ή 	
Port Orange, Fl	L 32127	•••
City/State and Zip (		 GI
pmoniz@kreid- E-mail address: (to be used for future a	Cpa.org nnual report notification)	
For further information concerning	g this matter, please call:	
Kevin Reid	at ( 386 ) 788-6057	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDI	RESS: MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for th	e following 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.

1. Name of the limited liability company:Coa	st to Coast Compliance, LLC			
2. (a) Principal office address of limited liability company	: 418 Palm Drive			
(Note: MUST BE STREET ADDRESS)	Flagler Beach, FL 32136			
(b) Mailing address of limited liability company:	same			
(Note: MAY BE POST OFFICE BOX)				
01/22/2008	L0800007080			
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dep State			
Registered Agent:	Friebis, Daniel S			
Registered Office Address:	3890 Turtle Creek Drive			
	Port Orange, FL 32127			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  NEW Registered Agent:  K. Reid, CPA, Inc.				
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3890 Turtle Creek Drive Suite B Port Orange ,FL32127			
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F. S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby continue that the limited liability company has been notified in writing of this change.  Member of Registered Agent				
Division of Corporations, P.O. Box 632	27, Tallahassee, FL 32314			

**FILING FEE: \$25.00** 

INHS18 (05/08)