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D. ETILUE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Coustal Ais. Name of	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Elia: I Saac Name of Person	
Firm/Company 7300 /F-1/2 11.0	ZIR SEP II
Brallen for St City/State and Zip Code	or State 4209
E-mail address: (to be used for future annual report	notification)
For further information concerning this mat	ter, please call:
Klias Isaac Name of Person	at (941) 782-0764 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

□ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.50 liability company submits the following statement in order agent, or both, in the State of Florida.	
1. Name of the limited liability company:	Así Colin Heatigue
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	5020 14th St will Brocken on St 34207
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5620 14th st w Brackenfon Fr 24207
10/1/2008	20800091963
3. Date of filing/registration in Florida 4	. Document number
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:
Registered Agent:	Soh, 1 France
Registered Office Address:	3319 7h of 34 3
	planto 80 1/200
(b) Enter name of NEW Registered Agent and/or NEW	V Registered Office address:
	THE REPORT OF
NEW Registered Agent:	1) a flacto
NEW Registered Office Address:	7308 18th and New
(MUST BE FLORIDA STREET ADDRESS)	Bpdanton ,FL 34209
If the limited liability company is not organized under the la confirmed that after the change or changes are made, the Flo and the business office of the registered agent will be identi- liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwise the operating agreement of the limited liability company.	orida street address of the registered office cal. Or, in the case of a Florida limited was/were authorized by an affirmative vote of
8	-
Signature of a member or authorized representative of a member	
Printed or typed name of signer	-
I hereby accept the appointment as registered agent and as comply with the provisions of all statules relative to the providing and I am familiar with and accept the obligations of my post Chapter 608, F.S. Or, if this document is being filed to mer address, I hereby confirm that the limited liability company	gree to act in this capacity. I further agree to per and complete performance of my duties, lition as registered agent as provided for in ely reflect a change in the registered office has been notified in writing of this change.

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

Signature of Registered Agent