## 110000016896

(Re	questor's Name)	
(Ad	dress)	
. (Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number	
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2017 JAN 30 PM 唱 1名 SECRETARY OF STATE

K. SALY JAN 3 1 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: GULF COAST FINANCIAL GROUP, LLC Name of Limited Liability Company			
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:			
Philip E PREVOIR Name of Person			
GULF COAST FINANCIAL GROUP, LLC Firm/Company			
8695 Collégé PARKWAY, SUITE 1/00			
FORT MYERS, FL 33919 City/State and Zip Code			
Philphevoir & Gulf Const Financial Group. Com Elmail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Phil PREVOIR at (239) 985-4277 Name of Person 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			
Enclosed is a check for the following amount:			
\$25 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. Name of the limited liability company: Gulf Co	DAST FINANCIAL GROUP,	111
2. (a) 8695 College PARKWAY  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b) 8695 College f Mailing address of limited liabi (Note: MAY BE POST OF)	ility company:
SUITE 1100	Suite 1/00	
FORT MYERS, FL 33919	FORT MYERS, FL	- 33919
2/15/10	L10000016896	, •
3. Date of filing/registration in Florida	4. Document number	
5. (a) UNITED STATES COMPORATION Registered Agent and Registered Office shown on the records of the	e Florida Dept. of State:	
13302 WINDING OAKS Registered Office Address (MUST BE FLORIDA STREET AD		20
SUITE A-100	ALL	F 1 L 2017 JAN 30
TAMPA, FL	33617 ASS	
(b) Philip E. PREVOIR	FF. S	3 1
Enter name of NEW Registered Agent and/or NEW Registered Of	ffice address:	<b>A</b>
8695 Collegi PARKWAY  NEW Registered Office Address.		, <b>C</b> @
NEW Registered Office Address.  SUITE //00		
00118 1100	<del></del>	
FORT MYERS ,FL	33919	
If the limited liability company is not organized under the laws the change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the line.	he registered office and the business office of bility company, it is hereby confirmed that the limited liability company or as otherwise mited liability company.	of the registered he change(s) se provided in
Signature pra member or authorized representative of a member	Printed or typed name of sign	nee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pethe obligations of my position as registered agent as provided for merely reflect a change in the registered office address, I here notified in writing of this change.	e to act in this capacity. I further agree to	comply with the
Signature of Registered Agent		
Division of Corporations P.O. Bo	ox 6327• Tallahassee, FL 32314	

**FILING FEE: \$25.00**