

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
. (Business Emity Name)			
(Document Number)			
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APR 27 2011

**EXAMINER** 



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SECRETARY OF STATE
FALLAHASSEF, FLORIDA

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
		Coastal Grinding, LLC.	
	Name of	of Limited Liability Company	
Dear 8	Sir or Madam:		
The e	nclosed Registered Agent/Registered	d Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concernin	ng this matter to the following:	
	Rocky B Botkin		
	Name of Person		
<del></del>	Coastal Grinding, LLC	TAL SE	=
	1 mile Company	LC An	*
		ETA AAS	APR 25
	6290 Thomas Road	SERY	Š
	Address	in o	2
	Et Muoro, Elorido 22012	TARY OF STATE ASSEE. FLORIDA	1:50
	Ft Myers, Florida 33912 City/State and Zip Code	<u> </u>	50
	City/State and Zip Code	A	
E-	Coastalgrinding@yahoo.co	rt notification)	
For fu	rther information concerning this ma	atter, please call:	
	Rocky B Botkin	at (239) 322-2000	
	Name of Person	Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	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 the following	ring amount:	
	\$25 Filing Fee		

## 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:	Coastal Grinding, LLC
2. (a) Principal office address of limited liability compan	y: Coastal Grinding, LLC
(Note: MUST BE STREET ADDRESS)	6290 Thomas Rd Ft Myers, Florida 33912
(b) Mailing address of limited liability company:	Coastal Grinding, LLC
(Note: MAY BE POST OFFICE BOX)	6290 Thomas Rd Ft Myers, Florida 33912
10/20/2010	L10000109495
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:
Registered Agent:	Botkin, Jack
Registered Office Address:	2169 Andrea Lane Ft Myers, Florida 33912
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW</u> Registered Agent: <u>NEW</u> Registered Office Address: <u>(MUST BE FLORIDA STREET ADDRESS)</u>	Rocky Botkin  6290 Thomas Road
(MUSI BE FLURIDA STREET ADDRESS)	Fort Myers 5,FL38912
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be identicable to company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement at the limited liability company  Signature of a member or authorized representative of a member  Rocky B Botkin  Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provisions.	) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proving and I am familiar with and accept the obligations of my pochapter 608/F.S. Fr. if this document is being filed to me address, I hereby confirm that the limited liability company.  Signature of Registered Agent	oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.

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