## 1110000 42738

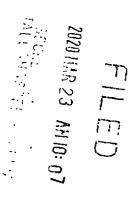
(Re	equestor's Name)	· ·					
(Address)							
(Ad	ldress)						
(City/State/Zip/Phone #)							
PICK-UP	MAIT	MAIL					
(Bu	rsiness Entity Nan	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							

Office Use Only



600342436876

US/23/20--01021--019 \*#55.00



RAROlchs

APR 0.7 2020 I ALBRITTON

## **COVER LETTER**

TO:		stration Section sion of Corporations				
SUBJ	ECT:	Coastline Clothing & Company,	LLC			
		Name of Limited Liability Company				
Dear S	ir or N	∕ladam:				
The en	closed	Registered Agent/Registered (	Office Change	e and fe	ee(s) are submitted for filing.	
Please	return	all correspondence concerning	this matter to	o the fo	llowing:	
Julie H	loiton					
	_	Name of Person	<del></del>		_	
Coastli	ine Clo	thing & Company, LLC				
		Firm/Company			-	
6024 V	Vest Sh	ores Road				
		Address			-	
Flemin	g Islan	d, FL 32003		•	•	
		City/State and Zip Code	>		_	
jholton	123@a	nol.com				
E	-mail	address: (to be used for future a	nnual report	notifica	ation)	
For fur	ther in	formation concerning this matt	er, please call	1:		
Julie H	olton		904 at (		505-0277	
		Name of Person		-	Area Code & Daytime Telephone Number	
	Regi Divi P.O.	ling Address: stration Section sion of Corporations Box 6327 shassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Encl	osed is a check for the following	ag amount:			
	<b>\$</b> 2	.5 Filing Fee	į	\$55	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.

l.	Na	me of the limited liability company:	Coastline Clothing	g & Cor	npany, LLC	; 				
2. (	a)	6024 West Shores Road			(b) 6024 W	6024 West Shores Road				
- (	<b>ч</b> у.	Principal office address of limited lial (Note: MUST BE STREET AL	, , .			-	of limited liability con BE POST OFFICE B	•		
3.		MRCH 19.2020  Date of filing/registration in	Florida	<del>-</del> 4.	11100004	2738  Document nu	ımber			
5. (	(a)	Scott, William A  Registered Agent and Registered Office show		Cl:	4-15-4-60					
		462 KINGSLEY AVENUE SUITE 101		20022		_	SECRETAL AREA	anning ma		
		Orange Park	, FL	32073	<del></del>		AR 2	11		
(	b)	Julie Holton					23			
·		Enter name of NEW Registered Agent and/o	or NEW Registered	Office a	ddress:		AH 10: 07			
		6024 West Shores Road					): 07	_		
		NEW Registered Office Address:		,						
		Fleming Island	FL_	32003						
agen was/	ige it w we	or changes are made, the Florida streetill be identical. Or, in the case of a Flore authorized by an affirmative vote of the organization or the operating at the case of a Flore authorized by the case of organization or the operating at the case of the ca	et address of the r florida limited lial of the members of	register bility c f the lin imited	ed office a ompany, it nited liabil	and the business is hereby confir lity company or :	office of the regis	tered ige(s)		
Sig	nan	ure of a member or authorized representative of	of a member			Printed or typed	I name of signee			
prov the c to m notif	isio bli ere ìed	y accept the appointment as registered ons of all statutes relative to the proper gations of my position as registered a ly reflect a change in the registered of in writing of this change.	ed agent and agre er and compleie p igent as provided ffice address, I hi	e to ac perforn for in ereby c	t in this ca vance of my Chapter 60 onfirm tha	pacity. I further y duties, and I ar )5, F.S. Or, if th t the limited liab	r agree to comply m familiar with ar is document is he bility company has	with the nd accept ing filed s been		

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