Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future standard report mailings. Enter only one email address please.

Address:

LLC REGISTERED AGENT CHANGE EGB GULF COAST PROPERTIES, LLC

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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.	Na	me of the limited liability company: EGB GULF Co	OAST I	PROPER	TIES, LLC		
2.	(a)		_ (b)			
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `		Mailing address of limited Hal (Note: MAY BE POST OF	bility co	mpany:
		06/27/2011		L110000	74288		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	BUSINESS FILINGS INCORPORATED					
	, ,	Registered Agent and Registered Office shown on the records of the	ne Florida	Dept. of State	E		
		1200 South Pine Island Road			_		
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	1			
					_		
		Plantation , FL_	33324				
					•		
	(b)	Registered Agents Inc			-	202	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office add	<u>Iress</u> :		2023 JUR -9	
		7901 4th St N				1	; -
		NEW Registered Office Address:					***
		STE 300				Pi	-
						5:	
		St. Petersburg , FL	33702			3.1	
the age wa	cha ent v s/we arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law www.	the regis bility co the limi imited li	tered office mpany, it is ited liability	e and the business office is hereby confirmed that y company or as otherwi	of the the cha ise pro	registered ange(s)
Ιŀ	ierel	by accept the appointment as realistered agent and agre	e to act	in this can	acity. I further garee to	compl	v with the
pro the to	ovisi obl mere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided ely reflect a change in the registered office address, I hid in writing of this change.	performa for in C ereby co	ince of my o hapter 605 infirm that	duties, and I am familia , F.S. Or, if this docum the limited liability com	r with i ent is b pany h	and accept being filed as been

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

David Roberts - Assistant Secretary

Signature of Registered Agent