L110000098721

| (Requestor's Name) |
|---|
| . (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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AUG 1 4 2013

D. BRUGE

COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: COASHINE Services 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: |
| Samuel Teague Name of Person Coastime Services LC Firm/Company 2012 Jessica Way Address Navarre Fr 32504 City/State and Zip Code Samuel Jamin and amail. Com E-mail address: (to be used to future annual report notification) For further information concerning this matter, please call: |
| SAM Teague at (84) 586-9187 Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |

☐ \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32301

\$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 608.3 liability company submits the following statement in order agent, or both, in the State of Florida. | er to change its registered office or registered |
|--|---|
| 1. Name of the limited liability company: | Hine Services LLC |
| 2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) | y: 3 La Brisa Beach Cirde Mary Esther, Fi 32519 |
| (b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | 3 La Bisa Beach Circle Mary Esther, \$2 30519 |
| 3. Date of filing/registration in Florida | |
| 5. (a) Registered Agent and Registered Office shown on | the records of the Florida Dept. of State: |
| Registered Agent: | Samuel J. Teague |
| Registered Office Address: | 3 La Bisa Beach Circle Mary Esther # 32519 |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> : NEW Registered Office Address: | W Registered Office address: Samvel J. Teague 2072 Jessica Way |
| (MUST BE FLORIDA STREET ADDRESS) | Navarre ,FL 225104 |
| 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 identiability company, it is hereby confirmed that the change(s the members of the limited liability company or as otherwithe operating agreement of the limited liability company. Signature of a member or authorized representative of a member | lorida street address of the registered office tical. Or, in the case of a Florida limited was/were authorized by an affirmative vote of see provided in the articles of organization or |
| I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company. | gree to act in this capacity. Further agree to oper and complete performance of my duties, sition as registered agent as provided for in crely 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