## 112000037675

| (Requ                       | iestor's Name)  |             |
|-----------------------------|-----------------|-------------|
| (Addr                       | ess)            |             |
| (Addr                       | ess)            |             |
| (City/s                     | State/Zip/Phon  | e #)        |
| PICK-UP                     | ☐ WAIT          | MAIL        |
| (Busin                      | ness Entity Nar | me)         |
| (Docu                       | ıment Number)   |             |
| Certified Copies            | Certificates    | s of Status |
| Special Instructions to Fil | ing Officer:    |             |
|                             |                 |             |
|                             |                 | :           |
|                             |                 |             |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 14 2015 T. CARTER



February 9, 2015

TASHA MURRAY SUNCOAST INVEST, LLC 503 EAST JACKSON STREET #148 TAMPA, FL 33602 US

SUBJECT: SUNCOAST INVEST, LLC

Ref. Number: L12000037675

We have received your document for SUNCOAST INVEST, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 915A00002675

www.sunbiz.org

## COVER LETTER

| TO: Registration Section Division of Corporations   |  |  |  |
|---|--|--|--|
| SUBJECT: Sun LOGS + Invest LLC Name of Limited Li   |  |  |  |
| Name of Limited Li  | autity 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:                       |  |  |  |
| Tasha Murray Name of Person   | _  |  |  |
| Suncoast Invest LLC<br>Firm/Company   | <del></del>  |  |  |
| 503 E. Jackson Street # 148 Address   |  |  |  |
| Tampa FL 33602 City/State and Zip Code  |  |  |  |
| Suncoastinue (+ 1/c @ gmail- com<br>E-mail address: (to be used for future annual report notifi | cation)  |  |  |
| For further information concerning this matter, please call:                                    |  |  |  |
| Tasha Murray at (813) Name of Person  | Area Code & Daytime Telephone Number                                       |  |  |
| Registration Section Reg<br>Division of Corporations Div<br>Clifton Building P.O                | gistration Section rision of Corporations Box 6327 Rahassee, Florida 32314 |  |  |
| Enclosed is a check for the following amount:   |  |  |  |
| □ \$25 Filing Fee □ \$55  | 5 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. Na  | ame of the limited liability company: Suncoast Trivest, UC  |   |
|--|---|---|
| 2. (a)   | 503 E. Jackson Street #148 (b) S03 E. Jacks  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Mailing address of limited (Note: MAY BE PO  | ted liability company:  |
|  | Tampa, FL 33602 Tampa, FL   | 33602   |
| 3.   | Date of filing/registration in Florida  Cor Poration Service Company  L12000037L7  Document number  |   |
| 5. (a)   | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  |   |
|  | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  | SECRETA<br>TALLAHA<br>15 APR 1                                    |
| (b)  | Tallahass-le , FL 32301  Tasha Murray  Enter name of NEW Registered Agent and/or NEW Registered Office address:   | FILED<br>ARY OF STATE<br>SSEE FI ORIDA                            |
|  | NEW Registered Office Address:  503 f., Jackson Street # 148  |   |
|  | Tampa ,FL 33602   |   |
| the char<br>agent w<br>was/we                            | imited liability company is not organized under the laws of the State of Florida, it is hereby cange or changes are made, the Florida street address of the registered office and the business of the identical. Or, in the case of a Florida limited liability company, it is hereby confirmed ere authorized by an affirmative vote of the members of the limited liability company or as of icles of organization or the operating agreement of the limited liability company. | office of the registered I that the change(s) herwise provided in |
| Signal   | Tas ha Mury  Rure of member or authorized representative of a member  Printed or typed name   | e of signee   |
| I hereb<br>provision<br>the oblit<br>to mere<br>notified | by accept the appointment as registered agent and agree to act in this capacity. I further agroups of all statutes relative to the proper and complete performance of my duties, and I am far igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this dely reflect a change in the registered office address, I hereby confirm that the limited liability dip writing of this change.  | ree to comply with the  |
|  | Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  |   |

**FILING FEE: \$25.00**