L13600 164857

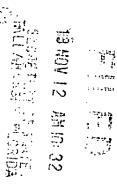
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(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MA	ίL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing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





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coastal Pointe Realty, 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:
JOANN L. DEKrell Name of Person
Coastal Point Realty, LLC-
121 ESMEralda Road Address
Saint Augustine Ft 32095 City/State_and Zip Code
City/State_And Zip Code Coastal Point Realty & live - COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
JOAN DEKREI at (904) 962-8224 Name of Person at (904) Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

پ4\$25 Filing Fee

\$\$ \$55 Filing Fee & Certified Copy

• 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 liability company submits the following statement in or agent, or both, in the State of Florida.	3.508, Florida Statutes, the undersigned limited eder to change its registered office or registered
1. Name of the limited liability company:	al Pointe Realty, LLC.
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	ny: 121 Esmeralda Road St. Augustine, FL 32095
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	121 ESMEralda Road St. Augustine, FL 32095
July 24, 2013 3. Date of filing/registration in Florida	<u>L13000104857</u> 4. Document number
5. (a) Registered Agent and Registered Office shown of	on the records of the Florida Dept. of State:
Registered Agent:	JOANN L. DEKrell
Registered Office Address:	121 Esmeralda Road St. Augustine, FL 32095
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office address:
NEW Registered Agent:	JOANN L. DEKTEIL
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	121 Esmeralda Road St. Augustine FL 32095
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company	Florida street address of the registered office entical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote of
Signature of a member or authorized representative of a member	
	11/4/13
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the and I am familiar with and accept the obligations of my Chapter 608, F.S. Or, if this document is being filed to address, I hereby confirm that the limited liability composition.	d agree to act in this capacity. I further agree to proper and complete performance of my duties, position as registered agent as provided for in merely reflect a change in the registered office any has been notified in writing of this change.
Signature of Registered Agent	

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