## L13000143381

(Re	equestor's Name)	<u></u>
(Ad	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	<u>. #</u>
(O)	iyi datoi Zipii Tione	, <del>11</del> )
PICK-UP	WAIT	MAIL.
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	•
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer	
opeoidi medidelerie te	Timing Officer.	
Cont	Office Use Onl	lv



800264722508

09/29/14--01030--017 \*\*25.00

14 SEP 29 MT SP 43

RALRO/Ch8

## **COVER LETTER**

A - 1

INHS18 (2/14)

TO: Registration Section Division of Corporations	
	MIC (UAST TREASURES mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
DAVID ZIMMERMAN Name of Person	
ATTORNIA AT MORE COAST TO	CASURES, ECC
1706 SE PINELLOOD TENIN	<u></u>
Power 57. Lucie, FL 349: City/State and Zip Code	52
AACT_30 EYAhoo. Com E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
DAVID ZIMMERMO at (	732) 80/.3938
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amoun	it:
\$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 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. Name of the limited liability company: Afficial	E ATINOTIC COAST TREASURES
2. (a) 1706 SE PINEWOOD TEAT.  Principal office address of limited liability company:	(b) (b) Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
port ST. LUCE, FC 34952	por Sono Was, F2 34952
Date of filing/registration in Florida	
5. (a) CEGAL INC CORPORATE SEX	VIETSTA
Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of State:
841 PRODESTAL OUVE	
Registered Office Address (MUST BE FLORIDA STREET A	
1273 Floor	
1273 Floor JACKSON WILE ,FL	マクフィフ
THE THE SALE WITH	The state of the s
(b) _ OPPUS ZIMMEMIN	
Enter name of NEW Registered Agent and/or NEW Registered (	
1706 SE PINEWOOD.	TUACL
NEW Registered Office Address:	
POST SANT LUCIE , FL	34952
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited lial was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the registered office and the business office of the registered bility company, it is hereby confirmed that the change(s) the limited liability company or as otherwise provided in
	Printed or typed name of signee
Signature of a member or authorized representative of a member	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I have notified in writing of this change.	performance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed
Signature of Registered Agent	
Division of Corporations P.O. B	ox 6327• Tallahassee, FL 32314
Division of Col potations 1.0, D	ve voer - Immunovojim vevit