L14000016664468

_____
(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

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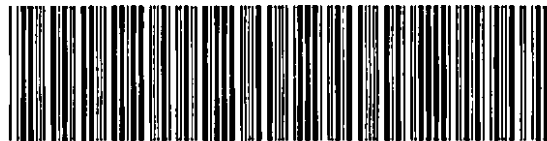(Business Entity Name)

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(Document Number)

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N COOPER

JUN 25 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _Coast To Coast Palm, 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:

Andrea Fuller
Name of Person

Coast To Coast Palm, LLC
Firm/Company

2385 Tower Dr.
Address

Naples, FL. 34104
City/State and Zip Code

Andrea. Fuller @ westburyproperties . com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrea Fuller at (_239_) _687- 5830_
Name of Person   Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

Enclosed is a check for the following amount:

☑ $25 Filing Fee   ❑ $55 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. Name of the limited liability company: _Coast To Coast Palm, LLC_

2. (a) _____ (b) _____
   Principal office address of limited liability company: Mailing address of limited liability company:
   (Note: MUST BE STREET ADDRESS)   *(Note: MAY BE POST OFFICE BOX)*

   2385 Tower Dr.   _2385 Tower Dr._

   Naples, FL. 34104   _Naples, FL. 34104_

   _4/23/2014_   _L14 0000 66468_

3.   Date of filing/registration in Florida   4.   Document number

5. (a) _Andrea L. Fuller_
   Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

   4292 Corporate Sq. Ste. C.

   Naples , FL _34104_

   (b) _Andrea L. Fuller_
   Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

   NEW Registered Office Address:

   2385 Tower Dr.

   Naples , FL _34104_

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Andrea L. Fuller   _Andrea L. Fuller, V.P._
Signature of a member or authorized representative of a member   Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Andrea L. Fuller
Signature of Registered Agent

INHS18 (2/14)