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(Re	questor's Name)				
(Ad	dress)	·			
(Ad	dress)				
(Cit	ty/State/Zip/Phone	e #)			
<u></u>	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
· ·		,			

Office Use Only

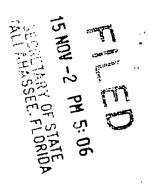


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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Coasflife Name of	Services, LLC 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 ma	tter to the following:				
COALL HEALAN					
Name of Person					
Coastlife Service	SILC				
Firm/Company	•				
1021 SW 32NO St					
Address					
Palm Gfy Fl City/State and Zip Code	34990				
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, pleas	se call:				
Costo Hallow at	(772) 266-4355				
Name of Person	Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations P.O. Box 6327				
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314				
Tallahassee, Florida 32301	i ananassee, l'iona 32314				
Enclosed is a check for the following amount:					
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 7, 2015

CRAIG HERLAN COASTLIFE SERVICES, LLC 1021 SW 32ND STREET PALM CITY, FL 34990

SUBJECT: COASTLIFE SERVICES, LLC

Ref. Number: L14000145471

We have received your document for COASTLIFE SERVICES, 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Letter Number: 315A00021233

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org



October 20, 2015

CRAIG HERLAN COASTLIFE SERVICES, LLC 1021 SW 32ND STREET PALM CITY, FL 34990

SUBJECT: COASTLIFE SERVICES, LLC

Ref. Number: L14000145471

We have received your document for COASTLIFE SERVICES, 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6051.

Letter Number: 015A00022197

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

TENT 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.

Pitoriaa.		//	_	,
1. Name of the limited liabi	lity company:	astlife So	eries IL	C
2. (a) 1021 Sh	13200 St	(b)	1021 SW 3	•
	dress of limited liability company:		Mailing address of limite	
(<u>Note: MUS</u>	ST BE STREET ADDRESS		(Note: MAY BE POS	T OFFICE BOX
PAlm G	ty PL 34990		In like i	= L 34190
	1			
7/17	1/2014		214000145	-47/
3. Date of filing	/registration in Florida	4.	Document number	
5. (a) United	Sosfes Laparno.	has Agen	& lvc	क्षा जी
	istered Office shown on the records o	f the Florida Dept. of St	ate:	F-0 8
17302	WINDING Oak	CHA		The second
Registered Office Address			_	Sign N
•				THO R
	7.	77/12	_	5: 06 FELORITE
- who a	<i>[5]</i> F	L 33612		92.6
TO MANAGE	MI Turner T	taras. (CAIL HER	LANG
(b) Filter name of NFW Region	stered Agent and/or NEW Registere	d Office address:	MOTHER	•
for the	TOTAL PROPERTY OF	1. 1021 SW	12m St	
NEW Registered Office A				
			_	
Dalm	City F	. 24991		
	, r	L DITION		
If the limited liability compar	ny is not organized under the la	aws of the State of I	Florida, it is hereby co	infirmed that after
agent will be identical. Or, in	ide, the Florida street address on the case of a Florida limited!	of the registered offi	t is hereby confirmed	that the change(s)
was/were authorized by an af	firmative vote of the members	of the limited liabi	lity company or as oth	erwise provided in
the articles of organization of	the operating agreement of th			, <i>)</i>
Signature of a member of authori	zed representative of a member		Printed or typed name	AN of signed
	•			_
provisions of all statutes rela	tive to the proper and complet	e performance of m	y duties, and I am fam	iliar with and accept
to merely reflect a change in	nent as registered agent and as tive to the proper and complet t as registered agent as provid the registered office address,	ea jor in Chapier 6 I hereby confirm the	us, r.s. Or, ij inis and at the limited liability (company has been
notified in writing of this cha	nge		•	
Signature of Registered Agent				

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