

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/I	Phone #)				
PICK-UP WAI	T MAIL				
(Business Entit	v Name)				
(Dusiness Linky Name)					
(Document Number)					
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RECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT APR 11 2017



March 23, 2017

RUSSELL MULLINS 3331 CITRINE CIR CRESTVIEW, FL 32539

SUBJECT: COASTAL CLEANING OF DESTIN, LLC

Ref. Number: L15000065071

We have received your document for COASTAL CLEANING OF DESTIN, 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 FL CORPORATION, but your entity is a FL LLC. Please complete and return the enclosed blank form(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.

Dionne M Scott Regulatory Specialist II

Letter Number: 917A00005601

FILEU

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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Coastal Cleaning of Destin I	-LC		
0020		ne of Limite	d Liability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.	
Please	return all correspondence concerning th	is matter to	the following:	
Russ	ell Mullins			
	Name of Person			
Coas	tal Cleaning of Destin LLC			
·· ·	Firm/Company	 -	. 	
3331	Citrine Circle			
	Address			
Crest	view Fl. 32539			
	City/State and Zip Code			
rwmu	ıllins1@gmail.com			
	E-mail address: (to be used for future ann	iual report r	notification)	
For fu	rther information concerning this matter,	, please call	:	TALL T
Russ	ell Mullins	850	585-8339	調湯
	Name of Person		Area Code & Daytime Telep	hone 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	STATE STATE
	Enclosed is a check for the following			
	□ \$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.

I. Na	ame of the limited liability company:	Coastal Clean	ing of Des	tin LLC	<u> </u>
2. (a)	3331 Citrine Cir. Crestview Fl.	32539	(b) Sa	ame	
(4)	Principal office address of limited li (Note: MUST BE STREET)	-		N	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
,	4/14/2015 Date of filing/registration in	r Florida	- <u></u>	500006	571 Document number
3.	United States Corporation An		4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 13302 Winding Oak Court A Tampa Fl. 33612 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			:	
	13302 Winding Oak A				
	Tampa	, FL	33612		
4.	Russell Mullins				
(b)	Enter name of NEW Registered Agent and	/or NEW Registered	Office address	;	FILE TALLAHASSI TALLAHASSI
	NEW Registered Office Address:				
	3331 Citrine Circle				D.F. S.T.
	Crestview	, FL_	32539		ORIDA T
he cha igent v was/w	ange or changes are made, the Florida will be identical. Or, in the case of a	a street address of Florida limited lia of the members o	the registere ability compaint of the limited	ed office any, it is liability	orida, it is hereby confirmed that after and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in apany.
			Russell	l Mullir	<u> </u>
-	ture of a member or authorized representative				Printed or typed name of signee
I here provis the obt to mer notifie	by accept the appointment as registe ions of all statutes relative to the pro ligations of my position as registered ely reflect a change in the registered d ippy ting of this change.	red agent and agr per and complete agent as provided office address, I k	ee to act in t performance I for in Chap nereby confir	his cape e of my o oter 605 m that i	acity. I further agree to comply with th duties, and I am familiar with and acce , F.S. Or. if this document is being file the limited liability company has been

Signature of Registered Agent