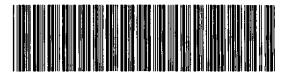
15000078722

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to	Filing Officer:					
-						
<u>.</u>						

Office Use Only



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09/21/16--01011--025 **25.00

15 NOV 18 AM 10: 27

J. HARRIE

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Wendel Syncoast Enterprises UC 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:					
Maween Wendel Name of Person					
Wendel Suncoot Enterprises Use Firm/Company					
3821 Belle Vista Dr. E					
St pele Beach FL 33766 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Maureen Wendel at (404) 844 - 8114 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:					
INHS18 (2/14) Aready Processed - See attacked lettle from					
see attached lettle from					



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2016

MAUREEN WENDEL 3821 BELLE VISTA DR E ST PETE BEACH, FL 32788 3374

SUBJECT: WENDEL SUNCOAST ENTERPRISES, LLC

Ref. Number: L15000078722

We have received your document for WENDEL SUNCOAST ENTERPRISES; LLC and your check(s) totaling \$25.00. 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 316A00020400

16 NOV 18 PM 3: 47

S MIN IN AMIN: 27

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. N	ame of the limited liability company:	Suncoast	Enterpris	es Lla	1
2. (a)	2021 A 11 21 -1 1 1/1	(b) 3821 Belle Vista Dr. E. Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	St. Pele Beach FL	St	. Pete Bca	ch FI	
	33706		33706		
	5 4 15		L15000C		み
3.	Date of filing registration in Florida	4.	Document numb	er	
5. (a	Registered Agent and Registered Office shown on the records of the				
	Mouren Wendel				
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS)			
	6500 Sunset Vay 319				
	St. Pele Beach, FL	33706	-		
(b)			_	6 E	2
<u>م</u> ه	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice address:		*4."	erill Elm
b_{ν}	rurie 357 Broadway			co	
	NEW Registered Office Address:				ango Geo
	Dunedin		_	0: 27	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	, FL	34698			•
the ch agent was/w the art	limited liability company is not organized under the laws ange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab tere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the limited liability of a member or authorized representative of a member	ne registered offi fility company, is the limited liabil mited liability co	ice and the business t is hereby confirmed lity company or as o	s office of the ed that the ch otherwise pro	e registered ange(s)
provis the ob to mei	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete po- ligations of my position as registered agent as provided j rely reflect a change in the registered office address, I he ed in writing of this change	e to act in this co	wacity. I further as	gree to comp	ly with the and accept being filed has been

Signature of Registered Agent