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DATE: 4/22/19

NAME: COSTA BAHIA LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

APPROVED
AND
FILED
2019 APR 22 AM 9:32
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

Registration Section
Division of Corporations

RE: Costa Bahia LLC

Name of Limited Liability Company

Sir or Madam:

Enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Please

Daniel Steigert

Name of Person

IBCF, Inc.

Firm/Company

101 Main Street, Suite One

Address

Tappan, NY 10983

City/State and Zip Code

dsteigert@ibcf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Steigert

at (845)

398-0900

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

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**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: Costa Bahia 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**)

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

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

Leonardo G. Coll

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1700 E Las Olas Blvd suite 307

FT LAUDERDALE, FL 33301

(b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:

NRAI Services, Inc.

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after change or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) 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.

[Signature]
Signature of a member or authorized representative of a member

Daniel Steigert
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 provisions of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.

[Signature] - Assistant Secretary - NRAI
of Registered Agent

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE