L15000207853

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





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03/26/16--01024--022 **25.00

2016 SEP 26 FH 12: 15

K. SALY SEP 27 2016

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	COSTA MARE, I	LC			
	Name of Limited Liability Company				
Dear S	Sir or Madam:				
The er	aclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the following:			
Luis I	Paulo Couto				
	Name of Person				
cos	TA MARE, LLC				
	Firm/Company				
2295	S. Hiawassee Rd. Ste 209				
	Address				
Orlar	ndo, FL 32835				
	City/State and Zip Code	,			
eoliv	eira@trendtravelusa.com				
j	E-mail address: (to be used for future ann	nual report notification)			
For fu	rther information concerning this matter,	please call:			
Luis l	Paulo Couto	321 754-1690			
	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:				
	2 \$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:COSTA MARE, LLC					
2.	(a)	2295 S. Hiawassee Rd. Ste 209	(b) 2295 S. Hiawassee Rd. Ste 209			
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Orlando, FL 32835	<u>O</u>	rlando, FL 32835		
		12/14/2015	L15	5000207853		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	CORPORATION SERVICE COMPANY				
	(**)	Registered Agent and Registered Office shown on the records of the 1201 Hays Street	he Florida Dep	at. of State:		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		2016 SEP		
		Tallahassee , FL	32301	SEP 26 MIZ: 15 SEP 26 MIZ: 15		
	(b)	JAIR SANTOS		SAZ O		
(0)		Enter name of NEW Registered Agent and/or NEW Registered Office address:		or slave		
		2295 S. Hiawassee Rd. Ste 209		₹ 5		
		NEW Registered Office Address:				
		Orlando , FL	32835			
the age	e cha ent v is/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registere ability compa f the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in		
	X		LUIS F	P. LUPPA DE OLIVEIRA COUTO		
- \(\)	dgna	ure of a member or authorized representative of a member	- , 	Printed or typed name of signee		
I h pro the to no	nerel ovisi obli mere tified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to act in t performance I for in Chap vereby confil	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept of the following the filed of the limited liability company has been		
Si	gnatu	of Registered Agent				