

L15000211412

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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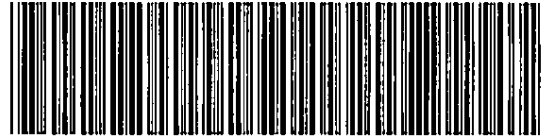
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EASTCOAST CO. 1, LLC
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:

Michael Lambert

Name of Person

EASTCOAST CO. 1, LLC

Firm/Company

8100 PARK BLVD STE #A43

Address

Pinellas PARK, FL 33781

City/State and Zip Code

eastcoastcol@gmail.com

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

For further information concerning this matter, please call:

Michael Lambert

Name of Person

at 860, 281 8515

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: EASTCOAST CO. I, LLC
2. (a) EASTCOAST CO I, LLC Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
8100 PARK BLVD Ste #A43
PINELLAS PARK, FL 33781
- (b) EASTCOAST CO I, LLC Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
8100 PARK BLVD Ste #A43
PINELLAS PARK, FL 33781
3. 12/22/2015 Date of filing/registration in Florida
4. L 15000211412 Document number
5. (a) Albert Mixner
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
MIXNER + COMPANY
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1939 Maguire Rd Ste 7
WINDERMERE FL 34786
- (b) Sommer Lambert
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
8100 PARK BLVD N. Ste #A43
PINELLAS PARK FL 33781

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

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

[Signature]
Signature of Registered Agent