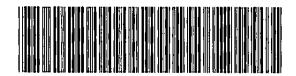
L16000232603

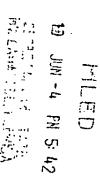
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	☐ WAIT	MAIL						
(Business Entity Name)								
(Document Number)								
Certified Copies	Certificate:	s of Status						
Special Instructions to Filing Officer:								

Office Use Only



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O SIMM: ...
JUN 0 6 2019



May 22, 2019

LARRY KILL 7552 NAVARRE PKWY, #7 NAVARRE, FL 32566

SUBJECT: GULF COAST MODULAR HOMES, LLC

Ref. Number: L16000232603

We have received your document for GULF COAST MODULAR HOMES, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Octavia L Simmons Regulatory Specialist II Supervisor

Letter Number: 419A00010435

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 60/F COUST MO	dular Homes LLC
Nam	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to the following:
Lawrence Kill Name of Person	
GUF COAST MULLE HUMES LL. Firm/Company	<u>C</u>
7552 Navy 1/e PKWy #7 Address	
Navarre, FL 32566 City/State and Zip Code	
E-mail address: (to be used for future ann	င်ပျာ ual report notification)
For further information concerning this matter,	please call:
Lass (1) Name of Person	at (603) 369 - 394F 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 RICVI (US)	☐ \$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.	Na	ume of the limited liability company: (x/F COGST	- Mod	Ug	ar Home	5 44	<u> </u>		
2	(a)	7552 Navarre PKWY #7	1	(h)	7592 1	Maugere	PKG	1 5	17
₩.	(44)	Principal office address of limited liability company:		(0)_	Ma	ailing address	of limited l	liability	company:
		(Note: MUST BE STREET ADDRESS)				(Note: MAY			E BOX)
		NAVASTE, FL 37566			Ngvarre	IFL ?	3256		
		,				(
			_	-					
		9/9/19			41600	202-32	603		
3.		Date of filing/registration in Florida	4.	_		Document n		-	
_	(a \	Lorn Grmel Golin							
٥.	(a)	Registered Agent and Registered Office shown on the records of	the Flori	ida D	ept. of State:				
		1559 West Evelid AVE			•				
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRE:	SSI					
		~							
		Del and , FL	<u>, 74 </u>	<u> 72.0</u>	0				
	(b)	Laurence Kill						E)	
	(-)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddre	ess:		3 7	ć	
								1- Hill	
								-	
		NEW Registered Office Address:					~	PA	Ġ
								άJ	
							> 1	42	
		, FL	'- 						
[fˈt	he l	imited liability company is not organized under the law	vs of th	ie Si	tate of Flori	ida itich A	rehv conf	īrmed	that after
th¢	: cha	inge or changes are made, the Florida street address of	the res	giste	red office a	and the bus	iness offi	ce of t	he registered
age wa	ent v s/we	will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of	ability of the li	com mite	ipany, it is t ed liability (nereby con: company o	firmed that r as other	at the i	change(s) provided in
the	arti	cles of organization or the operating agreement of the	limited	l lial	bility comp	any.	, ,	•	
		intene 60			Livie	rinted or type	j []		
	•	ture of a member or authorized representative of a member							
pro	viși	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete	ee to a perfori	ct in man	i this capac ice of my du	city. I furth ities, and I	ier agree am famili	to con iar wii	iply with the th and accept
to i	ool mere	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	a for in hereby	i Chi conj	apter 605, i firm that th	r.S. Or, if e limited li	this docu ability co	ment i mpan	s being filed v has been
noi	ujied D	in writing of this change.					-	•	
Sig		re of Registered Agent							

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00