## 217000048446

(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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## **COVER LETTER**

	legistration Section Division of Corporations				
SUBJEC	Coastal Bound LLC				
	Name of Limited Liability Company				
Dear Sir o	or Madam:				
The enclo	osed Registered Agent/Registered Off	ice Change	ge and fee(s) are submitted for filing.		
Please ret	urn all correspondence concerning th	is matter to	to the following:		
<del>_</del>	Name of Person				
Registe	red Agents Inc.				
	Firm/Company		<del></del>		
3030 N.	Rocky Point Dr. STE 150A				
	Address				
Tampa,	FL 33607				
	City/State and Zip Code				
Luxuryn	notors1@gmail.com				
E-m	ail address: (to be used for future ann	ual report r	t notification)		
For furthe	r information concerning this matter,	please call	all:		
Eric E. L	utz	701 at (	01 425-1018		
	Name of Person		Area Code & Daytime Telephone Number		
Re D: Cl 2€	rreet/courier address: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
E	Enclosed is a check for the following amount:				
Ø	\$25 Filing Fee	C	☐ \$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	me of the limited liability company: Coastal Bour	nd LLC		
2. (a)	dba One Stop Shop	(b) Coastal Bound LLC.		
2. ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	8108 US 1	2349 R	livers Bend Dr E.	
	Vero Beach, FL 32967	West F	argo, ND 58078	
	03/01/2017	L170000	048446	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Eric E. Lutz			
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Str	nte:	
	Registered Office Address (MUST BE FLORIDA STREET) 8108 US HWY 1	ADDRESS)	<b>17</b>	
	Wabasso	32970		
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	NEW Registered Office Address:		_	
	3030 N. Rocky Point Dr. STE 150A		_	
	Tampa , FL	33607	_	
the cha agent w was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of organization or the operating agreement of the	the registered office ability company, it of the limited liability	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
_	ule of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obli to mere notified	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete igations of my position as registered agent as provide elv reflect a change in the registered office address, I lip writing of this change.	ree to act in this cap performance of my d for in Chapter 6b hereby confirm tha	pacity. I further agree to comply with the aduties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	