

217000120629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

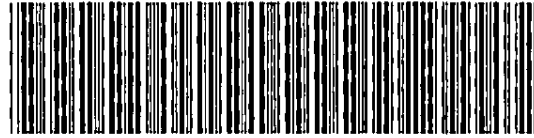
(Business Entity Name)

(Document Number)

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2019 FEB -6 PM 6:30

SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE:
FEB 16 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 14, 2019

WILLIAM C. WINGET
458 OLD POST ROAD
FAIRFIELD, CT 06824

SUBJECT: BAY COASTAL ENTERPRISES, LLC
Ref. Number: L17000120629

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

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) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 019A00001045

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BAY COASTAL ENTERPRISES, 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:

WILLIAM CHARLES WINGET

Name of Person

BAY COASTAL ENTERPRISES, LLC.

Firm/Company

458 OLD POST ROAD

Address

FIRFIELD, CT. 06824

City/State and Zip Code

WMC@WINGET.EU

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

For further information concerning this matter, please call:

W. C WINGET at (832) 433 5967

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

**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: BAY COASTAL ENTERPRISES, LLC

2. (a) 6101 PELICAN BAY BLVD 1701 (b) SAME
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

NAPLES, FLA.
34108

3. 6/11/2017
Date of filing/registration in Florida

4. L 17000120629
Document number

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

6101 PELICAN BAY BLVD 1701
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

NAPLES, FL
NAPLES, FL 34108

(b) WILLIAM C. WINGET
Enter name of NEW Registered Agent and/or NEW Registered Office address:

13258 HEATHER RIDGE LOOP
NEW Registered Office Address:

F
FORT MYERS, FL 33966-7511

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 change(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

William C. Winget
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

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

FILED
2019 FEB -6 PM 6:30
SECRETARY OF STATE
TALLAHASSEE, FL