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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Canepari Construction 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:				
Joseph F. Canepari III Name of Person				
Carepari Construction Firm/Company				
11 Dune Ridge Ridge Rodress				
Santa Rosa Beach Fl 32459 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Joseph Caneperi at (901) 573-7755 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 \$\square\$ \$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:	Coastal	Construction	uc
2. (a) 11 Dune Rider R)	(b) //)	Dune King K	
Principal office address of limited liability company:		Mailing address of limited li	
(Note: MUST BE STREET ADDRESS)	C /	(Note: MAY BE POST O	FFICE BOX)
Sonti Rose Boach Fl	_ Vanta	Kon Boach	
32455			32459
6/21/2017	41	70001353.	58
3. Date of filing/registration in Florida	4.	Document number	
5. (a) Joseph F. Canepar. III. Registered Agent and Registered Office shown on the records of the	_		
Registered Agent and Registered Office shown on the records of the	he Florida Dept. of Stat	te:	
67 Dune Kidne K)			
Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	_	
Sonta Rom Beach FC	32455		2 6
, FL		- 3	IO HAR
		-	70 Ti
(b) Joseph F Camepari III			
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	•	
11 Dune Ridge Rd		<u>ر</u> :	2; 59 ***
NEW Registered Office Address:		_	
Janta Rosa Sout PC	3245	5	
, FL			
		_	
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the l	the registered offic bility company, it i f the limited liabili limited liability cor	te and the business office is hereby confirmed that ty company or as otherw mpany.	te of the registered t the change(s) vise provided in
Signature of a member or authorized representative of a member	Josep	Printed or typed name of s	igner
·			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in regiting of this change	ver at in this Eup verformance of my for in Chapter 60, ereby confirm that	duties, and I am Jamilio 5, F.S. Or, if this documented limited liability con	r with and accept nent is being filed npany has been

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