10/7/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062

Phone : (323)962-8600 Fax Number : (323)962-3889

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE COASTAL FLOOD UNDERWRITERS, LLC

Certificate of Status	0
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TO:

## **COVER LETTER**

TO:	Registration Section Division of Corporations							
SUBJE	COASTAL FLOOD UNDERV	VRITERS	S, LLC					
() () EN) E	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offic	ce Change	and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to	the following:					
Chey	enne Moseley							
	Name of Person							
Legal	zoom.com, Inc.							
	Firm/Company		<del></del> .					
101 N	N. Brand Blvd., 10th Floor							
	Address		<del></del>					
Glen	dale, CA 91203							
	City/State and Zip Code		<del></del>					
•	@coastalfloodunderwriters.com							
E	-mail address: (to be used for future ann	ual report i	notification)					
For fu	rther information concerning this matter,	please call	:					
Chey	enne Moseley	at (	773-0888 ext 9724					
-	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	C	■ \$55 Filing Fee & Certified Copy					
INHSI	8 (2/14)							

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited h submits the following statement in order to change its registered office or registered agent, or both, Florida.

Name of the limited liability compa	my: COASTAL	COASTAL FLOOD UNDERWRITERS, LLC					
a) 2706 ALT 19			(b) P.O. BOX 2651				
Principal office address of limit (Note: MUST BE STRE				Mailing address of limited liai (Note: MAY BE POST OF			
PALM HARBOR, FL 3468	3	<del></del>	OLDSM	IAR, FL 34677			
08/15/2017	***************************************	· <u> </u>	L170001	73859			
Date of filing/registration	on in Florida	4.		Document number			
(a)		of the Florid	ia Dept. of Sta	ite:			
Registered Office Address (MUST		TADDRES	 SS)	<del></del>			
•	13302 WINDING OAK COURT A						
ТАМРА		<sub>FI.</sub> 33612	2				
NEW Registered Office Address:		NTS, INC	<u>.                                    </u>				
5575 S. Semoran Blvd., S	oute 30		· <u></u>	_			
Orlando		FL_3282	2				
the limited liability company is not of change or changes are made, the Floring will be identical. Or, in the case solvere authorized by an affirmative articles of organization or the operation of the operation of a member of authorized representations.	organized under the orida street address of a Florida limited yote of the member ating agreement of the street of	laws of the of the reg I liability of rs of the li the limited	ne State of F gistered offi company, it imited liabil I liability co	ce and the business office is hereby confirmed that ity company or as otherward.			
nereby accept the appointment as responsions of all statutes relative to the obligations of my position as regist increfy reflect a change in the regist of this change.  The CHEYENNE MOSELL	gistered agent and	ete perjor ided for it , I hareby	mance of m n Chapter 60 confirm the	V 1311 168 (19)(1   1391   14)7(11(1)			