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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Coordination Station 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:
Rebecca Gartner Name of Person
Coordination Station LLC Firm/Company
2703 Creek Ridge Drive
Careen Cove Springs, FL 32043 City/State and Zip/Code
E-mail address! (to be used for future annual report notification)
For further information concerning this matter, please call:
Rebecca Gartner 31 (904) 347 - 8671 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations Division of Corporations

Enclosed is a check for the following amount:

157.\$25 Filing Fee

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301

[5] \$55 Filing Fee & Certified Copy

Tallahassee, Florida 32314

P.O. Box 6327

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.

l. Na	ame of the limited liability company: Coordination Station LLC
	2703 Creek Lidge Drive Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	Green Care Springs, FL 32043 Careen Cove Springs, FL 320
3.	10/17/17 Date of filing/registration in Florida L 17000 214 598 Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	SCIVICES INC. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5237 Summerlin Commons Suite 400 Fort Meyers FL 33907
(b)	Rehecca Cartres Enter name of NEW Registered Agent and/or NEW Registered Office address:
	2703 Creek Ridge Drive NEW Registered Office Address:
	Cirech (ave Springs FL 32043
the charagent was/w was/w the art Signa	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after ange or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. Rebecca Gartoe Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
provis the obi to mer notifie	ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address, I hereby confirm that the limited liability company has been d in writing of this change.