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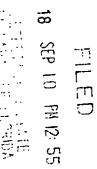
(Requestor's Name)					
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COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJI	Coopers Point Bayou, LLC			
Name of Limited Liability Company				
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Offi	ice Change and	fee(s) are submitted for filing.	
Please	return all correspondence concerning the	is matter to the	following:	
Micha	ael Korcheck			
	Name of Person		_	
Boos	Development Group, Inc			
	Firm/Company		_	
410 F	Park Place Blvd, Suite 100			
•	Address			
Clear	water, FL 33759			
	City/State and Zip Code			
mkor	check@boosdevelopment.com			
E	-mail address: (to be used for future ann	ual report notif	ication)	
For fur	ther information concerning this matter,	please call:		
Micha	ael Korcheck	727 at (669-2900	
	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	Re Di P.(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	
INHS18	8 (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. N	ame of the milled hability company.	nt Bayou, LLC		
2. (a)	410 Park Place Blvd, Suite 100	_ (1) 410 P	ark Place Blvd, Suite 100
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clearwater, FL 33759	_	Clearv	vater, FL 33759
		_		
	10/20/2017	_	L17000	218135
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	BRYAN J STANLEY PA			•
` ,	Registered Agent and Registered Office shown on the records of the	he Florida	a Dept. of St	tate:
	410 Park Place Blvd, Suite 100			
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS</u>	<u> </u>	SP FI
	Clearwater, FL_	33759		
(b)	BRYAN J STANLEY PA			E 17 18 12 12 12 12 12 12 12 12 12 12 12 12 12
	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	dress:	5
	209 Turner Street			
	NEW Registered Office Address:			
	Clearwater	22756		
	, FL,	33756		_
the cha agent v was/wo the arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	the regist bility co the limited l	stered offi ompany, it nited liabil liability co	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had I in writing of this change.	e to act perform for in C ereby co	in this ca ance of m Chapter 60 onfirm tha	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
	Mani Calla Confection of Agent			

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