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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.

Account Number : 119990000006 Phone : (407)425-7010

Fax Number : (407)425-2747

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

Emmil Address: corporate@zkslawfirm.com

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LLC REGISTERED AGENT CHANGE COSLER PREMISE, LLC

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		COVE	R LETTER			
	ation Section n of Corporations					
SUBJECT: C	OSLER PREMISE, LLC					
_	Name	e of Limited	l Liability Company			
Dear Sir or Mad	lam:					
The enclosed Re	egistered Agent/Registered Offic	ce Change a	and fee(s) are submitted for filing.			
Please return all	correspondence concerning this	s matter to t	he following:			
ANDREW H.	THOMPSON, ESQUIRE					
	Name of Person					
ZIMMERMAN	N, KISER & SUTCLIFFE, P	'. A .				
	Firm/Company			•	2019	
315 E. ROBII	NSON STREET, SUITE 60	0		. *	2019 AUG .	*******
	Address			•	C)	, = :
ORLANDO, F	FLORIDA 32801			,	73. 73.	G
	City/State and Zip Code				2: 2	
corporate@z	kslawfirm.com				ά	
	lress: (to be used for future annu	al report no	otification)			
For further infor	mation concerning this matter, p	please call:	·			
Andrew H. Th	nompson, Esquire	407 at (425-7010			
	Name of Person		Area Code & Daytime Telephon	ie Number		
Registra Division Clifton I	T/COURIER ADDRESS: ution Section of Corporations Building tecutive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			

☑ \$25 Filing Fee

Tallahassee, Florida 32301

Enclosed is a check for the following amount:

S55 Filing Fee & Certified Conv

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LÉMITED LIABILITY COMPANY

Prosuant 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. Nat	me of the limited liability company: COSLER PR	EMISE,	TTC				
	2399 GULF OF MEXICO DRIVE	ſħ	(b) 2399 GULF OF MEXICO DRIVE				
2. (a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*	Mailing address of limited liability company: (Note: MAS BE POST OFFICE BOX)			my:)	
	LONGBOAT KEY, FLORIDA 34228	-	LONGBO	OAT KEY, FLORI	DA 34	1228	
	11/03/2017	_	L1700022	8388			
3.	Date of filing/registration in Florida STEVEN D. COSLER	4.	,	Document number			
5. (a)	Registered Agent and Registered Office shown on the records of	The Florid	Dept. of State	:	,	2019	
	Registered Office Address OMUST BE FLORIDA STREET 2399 GULF OF MEXICO DRIVE	ADDRES:	<u></u>		-	2019 AUG -5	F > :
	LONGBOAT KEY , F	L_34228				PE	55
(b)	ANDREW H. THOMPSON, ESQUIRE					$\ddot{\wp}$	•
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ac	<u>dress</u> :		•	23	
	ZIMMERMAN, KISER & SUTCLIFFE, P.A.						
	NEW Registered Office Address: 315 E. ROBINSON STREET, SUITE 600			-			
	ORLANDO , E	L 32801		_			
Signal I here provis the obtone in the interest of the obtone in the obt	imited liability company is not organized under the leange or changes are made, the Florida street address of will be identical. Or in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization of the operating agreement of the manne of a member of a member of a member of accept the appointment as registered agent and a ligations of my position as registered agent as provided the proper and completely reflect a change in the registered office address, and in arriting of this change.	liability of the limited	company, it is nited liability confidence of the	s hereby confirmed y company or as off npany. COSLER Printed or typed name	that the serwise of signe	chan provi	ge(s) ded in