11800001136

(Requestor's Name)						
(Address)						
(Address)						
	y/State/Zip/Phone	- #)				
(Oil	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				
PICK-UP	MAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	s of Status				
	_					
Special Instructions to Filing Officer:						

Office Use Only



600312314876

04/25/18--01019--007 **25.00



APR 25 2018 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations	••						
Gulf Coast Group Properties SUBJECT:	s, 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:							
Ruth Elleby							
Name of Person							
Gulf Coast Group Properties, LLC							
Firm/Company							
514 Colonia Ln E							
Address							
Nokomis, FL 34275							
City/State and Zip Code							
Ruth@SunshineVenice.com							
E-mail address: (to be used for future ann	ual report notification)						
For further information concerning this matter, please call:							
Ruth Elleby	941 441-6607						
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	☐ \$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: Gulf Coast Group Properties, LLC					
2.	(a)	514 Colonia Ln E, Nokomis FL 34275	(b) 514 Co	olonia Ln E, Nokomis FL 34275		
	(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		514 Colonia Ln E	514 Co	lonia Ln E		
		Nokomis FL 34275	Nokom	is FL 34275		
		March 9, 2018	L180000	062136		
3.		Date of filing/registration in Florida	4.	Document number		
5.	(a)	Marc Miles				
•	()	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	ate:		
		Marc Miles				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
		230 Tamiami Trail S, Suite 1				
		Venice .FL	34285	FIL APR 25 AHASSEL		
	(b)	Steven W. Ledbetter		\mathcal{V}^{\prime} Co		
	(0)	Enter name of NEW Registered Agent and/or NEW Registered				
		Steven W. Ledbetter) (100 at 100 at		
		NEW Registered Office Address:		_		
		229 Pensacola Rd		_		
		Venice ,FL	34285			
the age wa the	cha ent v s/we arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered office ability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.		
Signature of a member or authorized tepresentative of a member Printed or typed name of signee I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the						
the to i	ovisi obl nere	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I do not in writing of this change!	ee to act in this cap performance of my d for in Chapter 60 hereby confirm tha	pacity. I jurther agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been		
<u> </u>	matri	TO OF BOUNDARY AND				