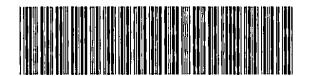
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: INTERCOASTAL CONSULTING GROUP, LLC Name of Limited Liability Company	
Name of Emitted Datality 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:	
BRIAN J. LEWZEU Name of Person	
INTERCOASTAL CONSULTING GROWP. LLC	;
1805 SAXON DRIVE	· ·
Address	ò
NEW SMYRMA BEACH, FZ 32/89	
City/State and Zip Code	
brianlenzen Danoil com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
B(A) Low 2003, 408-2323	
Name of Person Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 \$\square\$ \$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.

I. Nan	me of the limited liability company: TMERCO	ASTAZ	2 CONSULTING GIZUL	PLU
2. (a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b) _	Mailing address of limited liability (Note: MAY BE POST OFFICE	
3. 5. (a)	Date of filing/registration in Florida STAN T. LENZEN Registered Agent and Registered Office shown on the records of the	4.	L 180000934 % Document number	3
(b)	Registered Office Address (MUST BE FLORIDA STREET A) 1423 MAGNOCIA STREET A) NEW SMYNDIA SERIH, FL BICLOW DE LEWING Enter name of NEW Registered Agent and/or NEW Registered C 1805 SAXON SIVE NEW Registered Office Address:	DDRESS) - 3216	68 8	
4	MEN SMYRIA SEACH. FL.	7210	19 State of Florida, it is bereby confirmed:	that after
the chang agent wil was/were	ge or changes are made, the Florida street address of the laws of the identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of less of organization or the operating agreement of the liable.	he register bility comp the limited mited liab	ered office and the business office of the pany, it is hereby confirmed that the cled liability company or as otherwise probability company.	ne registered hange(s) rovided in
- Circles	of a physical graph of a surplus		Printed or typed name of signee	
•	e of a member or authorized representative of a member			
provision the oblig to-merely	accept the appointment as registered agent and agreens of all statutes relative to the proper and complete petations of my position as registered agent as provided wreflect a change in the registered office address. I he may not this change.	e to act in erformanc for in Cha creby confi	n this capacity. I further agree to com- uce of my duties, and I am familiar with uapter 605, F.S. Or, if this document is ufirm that the limited liability company	pty with the h and accep heing filed has been

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

Signature of Registered Agent