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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.

. Na	me of the limited liability company:	COASTAL AQUA	PRESS	URE CL	EANING LLC			
(a)	1581 PRIMROSE LANE		(b) 1581 PRIMROSE LANE					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DAYTONA BEACH, FL 32117			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
				DAYTONA BEACH, FL 32117				
	07/16/2018		_	L13000	171137			
	Date of filing/registration in	Florida	4.		Document n	umber		
(a)	ATA REGISTERED AGENT INC.							
•	Registered Agent and Registered Office show	vn on the records of th	e Florid	a Dept. o:	State:			
	Registered Office Address (MUST BE F. 5647-110TH AVENUE N	LORIDA STREET A	DDRES.	Σ)		2020 MAY SECKEL SALLAHA		
	ROYAL PALM BEACH	- .FL	33411			2 50	AY -	***
(b)	SHAWN NOLAN	, , , , , , , , , , , , , , , , , , , ,				AHASSEE E		
	Enter name of NEW Registered Agent and	or NEW Registered	Office at	ddress:		E.021	AM IO:	
	1581 PRIMROSE LANE					5.5	22	
	NEW Registered Office Address:		,		· 			
	DAYTONA BEACH	. FL	32117	<u>.</u>	 -			
hang gent vas/w	limited liability company is not organ e or changes are made, the Florida stre will be identical. Or, in the case of a vere authorized by an affirmative vote icles of organization or the operating	ized under the law eet address of the Florida limited lia of the members o	vs of the register bility of f the linited	red offic ompany mited lia liability	te and the busine the is hereby con ability company tompany.	ss office of firmed tha	i the re t the ch	gistered lange(s)
1/2	CUIR De-		SH	N NWAI				
I hero provis the ob to me	ature of a member or authorized representative eby accept the appointment as register sions of all statutes relative to the prophigations of my position as registered yelly reflect a change in the registered ed in writing of this change.	red agent and gar	ee to ac perform I for in tereby (et in this nance of Chapte, confirm	capacity I her	ped name of s her agree t l am jamili f this docu liability con	o com	oly with the and acce being file has been

Signature of Registered Agent

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

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