

218000197480

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2018 OCT -3 AM 9:44  
SECRETARY OF STATE  
TALLAHASSEE, FL

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10-13-18  
LTS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Nature Coast Living 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:

Heather Montesanti

\_\_\_\_\_  
Name of Person

Nature Coast Living LLC

\_\_\_\_\_  
Firm/Company

3331 Deltona Blvd

\_\_\_\_\_  
Address

Spring Hill, FL 34606

\_\_\_\_\_  
City/State and Zip Code

naturecoastliving.ncl@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Montesanti

\_\_\_\_\_  
Name of Person

at ( 352 )

942-8321

\_\_\_\_\_  
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

**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: Nature Coast Living LLC

2. (a) \_\_\_\_\_  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

11463 Linden Dr  
Spring Hill, FL 34608

(b) \_\_\_\_\_  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

P.O. Box 6401  
Spring Hill, FL 34611

August 17, 2018

L18000197480

3. \_\_\_\_\_  
Date of filing/registration in Florida

4. \_\_\_\_\_  
Document number

5. (a) Timothy Plumadore

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

11463 Linden Dr  
Spring Hill, FL 34608

(b) Heather Montesanti

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

3331 Deltona Blvd

Spring Hill, FL 34606

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

Timothy Plumadore

\_\_\_\_\_  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

\_\_\_\_\_  
Signature of Registered Agent

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

**FILED**  
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