

Division of Corporations

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L18000229604

Florida Department of State
Division of Corporations
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To: Division of Corporations
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From: Account Name : JOHN M WICKER PA
Account Number : 120070000104
Phone : (239) 939-2222
Fax Number : (239) 939-2280

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

Email Address: m.wicker@lawcrw.com

LLC REGISTERED AGENT CHANGE
COASTAL ONE LLC

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STATE OF FLORIDA
DIVISION OF CORPORATIONS

2019 AUG 30 PM 1:36

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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.

1. Name of the limited liability company: COASTAL ONE LLC2. (a) 2131 CRYSTAL DR. #23

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)FORT MYERS, FL 33907(b) 2131 CRYSTAL DR. #23

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)FORT MYERS, FL 3390709/27/2018

3. Date of filing/registration in Florida

L18000229604

4. Document number

5. (a) CORPORATION SERVICE COMPANY

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

1201 HAYS STREETRegistered Office Address (MUST BE FLORIDA STREET ADDRESS)TALLAHASSEE, FL 32301(b) JOHN M. WICKER P.A.Enter name of NEW Registered Agent and/or NEW Registered Office address:NEW BRITTANY BLVD, SUITE 101NEW Registered Office Address:FORT MYERS, FL 33907

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

RYAN M. FEAVEL

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

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