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COVER LETTER

•	COVER LETTER
TO: Registration Section Division of Corporations	OME RESTORATION, LLC
SUBJECT: COASTAL H	ome RESTORATION, LLC
I.	ame of Emilies Entonity 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:
PETER HAUGLAND	
PETER HAUGLAND Name of Person	
COASTAL HOME RE Firm/Company	STORATION, LLC
28 APACO ST	REET
Address	
APALACHICOLA City/State and Zip Cod	FL 32320
E-mail address: (to be used for future) For further information concerning this mat	annual report notification) ter, please call:
•	
PETER HAUGLAND	at (<u>608</u>) <u>792 - 9963</u> Area Code & Daytime Telephone Number
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 Tallahassec, Florida 32314
Enclosed is a check for the follow	ing 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: COASTAL HOME RESTORATION L
2 (a) 28 APACO STREET (b) 28 APACO STREET
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
APALACHICOLA APALACHICOLA
FL 32320 FL 32320
10-23-18 L 18000248650
3. Date of filing/registration in Florida 4. Document number
5. (a) CHEYENNE MOSELEY, US CORP. AGENTS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
UNITED STATES CORPORATION AGENTS, INC
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S. SEMORAN BLVD, SUITE 36
ORLANDO H. 32827
(b) PETER HAUGLAND Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of Vew Registered Agent and of MEW Registered Office address.
(b) PETER HAUGLAND Enter name of NEW Registered Agent and/or NEW Registered Office address: 28 APACO ST NEW Registered Office Address:
NEW Registered Office Address:
APALACHICOLA
.FL 32320
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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 PETER HAUGLAND 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 provisions of all statutes velative 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