

118000254340

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

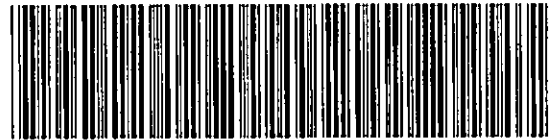
(Business Entity Name)

(Document Number)

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G. RIMMONS  
DEC 12 2018

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastal Hotel Property I 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:

Jed Tarr  
Name of Person

Coastal Hotel Properties LLC  
Firm/Company

7701 Blind Pass Rd  
Address

St Pete Beach, FL 33706  
City/State and Zip Code

jtarr@coastalhospitalitygroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jed Tarr at ( 310 ) 579-7793  
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  
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: Coastal Hotel Property I LLC

2. (a) 7901 Blind Pass Rd (b) 7901 Blind Pass Road

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

St Pete Beach, FL 33706

St Pete Beach, FL 33706

3. 10-29-2018  
Date of filing/registration in Florida

4. L18000254340  
Document number

5. (a) United States Corporation Agents, Inc  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 Winding Oaks Court A

Registered Office Address (Note: **MUST BE FLORIDA STREET ADDRESS**)

Tampa, FL 33612

(b) Jed Tarr

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

7901 Blind Pass Rd

**NEW Registered Office Address:**

St Pete Beach, FL 33706

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]  
Signature of a member or authorized representative of a member

Jed Tarr  
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 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]  
Signature of Registered Agent

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