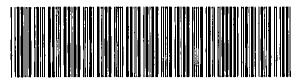
## L18 000260990

(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

Registration Section

**Division of Corporations** 

1:

HS18 (2/14)

Sol Coast Holdings LLC **BJECT:** Name of Limited Liability Company ar Sir or Madam: e enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing. ase return all correspondence concerning this matter to the following: tricia Candamo Name of Person indamo Law PA Firm/Company 09 E. 5th Avenue, Suite B Address mpa, FL 33605 City/State and Zip Code o@candamolaw.com E-mail address: (to be used for future annual report notification) r further information concerning this matter, please call: 813 tricia Candamo, Esq. at ( Area Code & Daytime Telephone Number Name of Person **Street Address: Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 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. 1	lame of the limited liability company:	LDINGS	LLC
2. (a)	18865 State Road 54	a	18865 State Road 54
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Suite 249	• `	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOXO Suite 249
	Lutz, FL 33558	_	Lutz, FL 33558
	11/07/2018		L18000260990
3. 5. (a	Date of filing/registration in Florida Patricia Candamo	4.	Document number
, (a	Registered Agent and Registered Office shown on the records of 13014 N. Dale Mabry Hwy.	the Florid	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET) Suite 207	ADDRESS	27
	Tampa , FL	33618	2020 OC
(b)	Candamo Law PA		00.1
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldrin: 5
	2209 E. 5th Avenue		7
	NEW Registered Office Address: Suite B		
	Taropa , FL	33605	
chang agent was/v the ar	limited liability company is not organized under the law se or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registere bility co f the lim limited l	ed office and the business office of the registered impany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	ature of a member or authorized representative of a member	-	Printed or typed name of signee
i her provi the ol to me notifi	eby accept the appointment as registered agent and agri- sions of all statutes relative to the proper and complete p digations of my position as registered agent as provided rely reflect a change in the registered office address, I h ed in writing of this change.	ee to act performa I for in C sereby co	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been
Signat	we of Registered Agent		

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

INHS18 (2/14)