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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone

: (307)200-2803

Fax Number

(855)330-1010

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

|         | \ddress:   |  |      |
|---------|------------|--|------|
| ·manı # | 1001 855 i |  | <br> |

## LLC REGISTERED AGENT CHANGE SOUTHERN COASTAL HOME SOLUTIONS LLC

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Corporate Filing Menu

## 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.                             | Na                        | me of the limited liability company:  | COA   | STAL H  | OME SOLUTION   | ONS LLC                                    |  |
|--------------------------------|---------------------------|---|---|---|--|--|--|
| 2. (a                          | 21227 LIS HIGHWAY 10 N    |   |   | (b) 21227 US HIGHWAY 19 N   |  |  |  |
| ۷. (۱                          | 11)                       | Principal office address of limited liability company:  (Note: MUST RE STREET ADDRESS)  |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |  |  |  |
|                                |                           | APT 162B  |   | APT 162B  |  |  |  |
|                                |                           | CLEARWATER, FL 33765  |   | CLEARWATER, FL 33765  |  |  |  |
|                                |                           | 11/21/19  |   | L19000289530  |  |  |  |
| 3.                             |                           | Date of filing/registration in Florida  | 4.  | ***************************************                                       | Document number  | ******                                     |  |
| 5. (                           |                           | LEGALINC CORPORATE SERVICES INC.  |   |   |  |  |  |
| J. (                           | (a)                       | Registered Agent and Registered Office shown on the records of th   | ie Florida                                    | Dept. of State  | -<br>2:  |  |  |
|                                |                           | 5237 SUMMERLIN COMMONS  |   |   |  |  |  |
|                                |                           | Registered Office Address (MUST BE FLORIDA STREET A)  | DDRESS  | <u> </u>  | •  |  |  |
|                                |                           | SUITE 400   |   |   |  |  |  |
|                                |                           | FORT MYERS  | 3390  | 7   | _  | 77.8                                       |  |
| e.                             | <b>b</b> )                | Registered Agents Inc.  |   |   |  | 3100                                       |  |
| ·                              | U)                        | Enter name of NEW Registered Agent and/or NEW Registered (  | -   | 72 年  |  |  |  |
|                                |                           | 7901 4th St N   |   |   |  | 2953 NOV 24 AN 1                           |  |
| NEW Registered Office Address: |                           |   |   | •   | -  |  |  |
|                                |                           | STE 300   |   | ······································  | -  | जिस्से । <del>च</del>                      |  |
|                                |                           | St. Petersburg  | 33702   | 2   | <u>.</u>   |  |  |
| the agei                       | cha<br>nt v<br>/w         | imited liability company is not organized under the law<br>inge or changes are made, the Florida street address of t<br>vill be identical. Or, in the case of a Florida limited lia<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the l               | the regi<br>bility co<br>f the lin<br>limited | stered office<br>ompany, it is<br>nited liabilit<br>liability con             | e and the business of<br>s hereby confirmed (<br>y company or as oth | ffice of the registered that the change(s) |  |
| $\leq$                         | , i (<br>ena              | ture of a member or authorized representative of a member   | - Hill  | ey Park   | Printed or typed name  | of signee                                  |  |
| I he provide the to notice     | ere<br>visi<br>obi<br>ver | by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete proper and complete properties of my position as registered agent as provided ely reflect a change in the registered office address, I have been supported by Bill Havre - Assistant of Registered Agent | perjorm<br>l for in<br>ereby c                | tance of my<br>Chapter 605<br>confirm that                                    | acity I further agre   | e to comply with the                       |  |