L20000 198204

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COVER LETTER

то:	Registration Section Division of Corporations		•				
SUBJE	Coastal Roof Solutions LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.				
Please	return all correspondence concerning thi	s matter to the fo	ollowing:				
Charles	Murphy						
	Name of Person	· · · · · · · · · · · · · · · · · · ·	 -				
Coastal	Roof Solutions						
	Firm/Company						
120 Bur	mey rd						
	Address		_				
Osprey,	FL 34229						
	City/State and Zip Code		_				
murphys	scrs@outlook.com						
E-	mail address: (to be used for future annu	ial report notific	ation)				
For furt	her information concerning this matter,]	please call:					
Charles	Murphy	941 at (544-0672				
	Name of Person	_ *** \	Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following a	ımount:					
	□ \$25 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.	Na	me of the limited liability company: Coastal Roof Solutions	LLC			
2. (a)	120 Burney Rd Osprey FL, 34229	(b)			
·	. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		120 Burney RD				
		Osprey, FL 34229				
		5/30/2021	L20000198	204		
3.		Date of filing/registration in Florida 4.		Document number		
5.	(a)	Penny Murphy		- 2		
	, ,	Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of Sta	2021 JUN -1		
		Registered Office Address (MUST BE FLORIDA STREET ADDR	ESS)			
		120 Burney rd		P 11		
		Osprey B1 34229	9	72: 34 PEOPRID		
		Enter name of NEW Registered Agent and/or NEW Registered Office NEW Registered Office Address: 3803 Rilma Ave	audress:	_		
		Sarasota .FL 34234	1	-		
agen was/ the a	t w wer	-1 	tered office and company, it is limited liabilit	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in		
		fe of a member or authorized representative of a member	- -	Printed or typed name of signee		
the o to m notif	blis erel ìed	v accept the appointment as registered agent and agree to a so of all statutes relative to the proper and complete perforgations of my position as registered agent as provided for it is reflect a change in the registered office address, I hereby in writing of this change.	4M4/3 M /2/20 /2 E 1941 1 /	dution and I am familian ida. 'I I		
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						

FILING FEE: \$25.00 INHS18 (2/14)