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SECTION OF STATE

COVER LETTER

TO: Registration Section Division of Corporations		
A Coastal Treasure SUBJECT:		
N	lame of Limited Lia	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered C	Office Change and f	fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the fe	ollowing:
Sheila D Parker		
Name of Person		_
A Coastal Treasure		
Firm/Company		_
541 Summerlin Rd		
Address		_
Moultrie, GA 31768		
City/State and Zip Code	;	_
sdparkerst@gmail.com		
E-mail address: (to be used for future a	nnual report notific	eation)
For further information concerning this matter	er, please call:	
Sheila D Parker	850 at (685-9943
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	ng amount:	
□ \$25 Filing Fee	□ \$5	5 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.

a)	714 Creekwood Rd	(b) 541 Sumi	merlin Rd
/ .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Mary Esther		Moultrie	
	FL 32569	_	GA 31768	3
	12-15-2020		1.20000297	167
a)	Date of filing/registration in Florida INC AUTHORITY LLC			Document number
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 390 North Orange Ave			te:
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRES	<u>:S)</u>	2024 SEP
	Orlando , FL	32801		
(b)	Sheila D Parker			24 PH
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 714 Creekwood Rd	Office a	ddress:	2: 4 STATE E. FL
	NEW Registered Office Address:			_
	Mary Esther , FL	32569		
gc t w we rtic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of organization or the operating agreement of the ure of a member or authorized representative of a member	register bility c f the lir limited	ed office ar ompany, it i nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided i
reb isio bli ere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the property of this change.	e to ac perform for in ereby o	t in this cap ance of my Chapter 60: onfirm that	pacity. I further agree to comply with t

Signature of Registered Agent