

L20000335592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

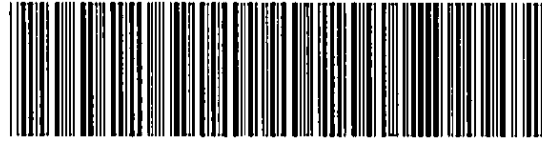
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500374616755

10/08/21--01017--015 **35.00

FILED
2021 OCT 27 PM 1:34
SEC. #
TALLAHASSEE, FL 32309



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 OCT 27 AM 11:23

October 15, 2021

MARK LEDBETTER
1508 BAY WOODS RD
GULF BREEZE, FL 32563

SUBJECT: COASTAL HOMESTEADS LLC
Ref. Number: L20000335592

We have received your document for COASTAL HOMESTEADS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 221A00025136

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL HOMESTEADS 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:

MARK LEDBETTER
Name of Person

COASTAL HOMESTEADS
Firm/Company

1508 BAY WOODS RD
Address

GULF BREEZE, FL, 32563
City/State and Zip Code

TEAM@COASTALHOMESTEADS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK LEDBETTER at (850) 733-6357
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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

✓ already paid

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 HOMESTEADS LLC

2. (a) 5753 EAST BAY BLVD GULFBREEZE FL (b) SAME
 Principal office address of limited liability company: 32563 Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 10/22/2020 Date of filing/registration in Florida 4. L20000335592 Document number

5. (a) REGISTERED AGENT INC.
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
701 4TH ST. N STE 300
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

ST PETERSBURG, FL 33702

(b) MARK LEDBETTER
 Enter name of NEW Registered Agent and/or NEW Registered Office address:
1508 BAY WOODS RD
NEW Registered Office Address:

GULF BREEZE, FL 32563

FILED
 2021 OCT 27 PM 1:34
 TALLAHASSEE, FL

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 MARK LEDBETTER 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