

121000170788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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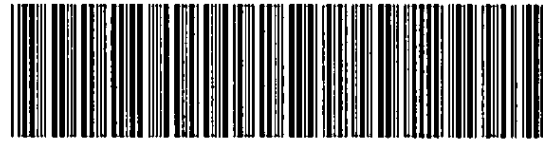
(Business Entity Name)

(Document Number)

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FILED  
2021 MAY 10 AM 9:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** T4 Coastal Properties 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:

Tad R. Broschat

\_\_\_\_\_  
Name of Person

T4 Coastal Properties LLC

\_\_\_\_\_  
Firm/Company

570 Stonemont Drive

\_\_\_\_\_  
Address

Castle Pines, CO 80108

\_\_\_\_\_  
City/State and Zip Code

Tad.Broschat@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tad Broschat

\_\_\_\_\_  
Name of Person

at ( 303 )

906.3009

\_\_\_\_\_  
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

**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: T4 Coastal Properties LLC

2. (a) 1824 Denise Court East (b) 570 Stonemont Drive

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

St. George Island, FL 32328

Castle Pines, CO 80108

04/13/2021

1.21000170788

3. Date of filing/registration in Florida

4. Document number

5. (a) Tad R. Broschat

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1824 Denise Court East

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St. George Island, FL 32328

(b) Tad R. Broschat

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

125 West Gulf Beach Drive

**NEW** Registered Office Address:

c/o The Top/Sea Turvy Turtle

St. George Island, FL 32328

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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.

Tad R. Broschat

Signature of a member or authorized representative of a member

Tad R. Broschat

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