LZ1000170788

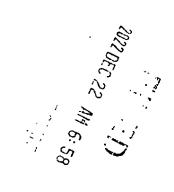
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



500399080385

12/22/22--01007--007 **25.00



Albunta

MAR - 7 2023

COVER LETTER

Divi	sion of Corporations			
SUBJECT:	T4 Coastal Properties LLC Name of Limited Liability Company			
Dear Sir or N	Aadam:			
The enclosed	Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.	
Please return	all correspondence concernin	g this matter to th	ne following:	
Tad R. Brosch	hat			
	Name of Person			
T4 Coastal Pr	operties LLC			
	Firm/Company			
570 Stonemor	nt Drive			
	Address			
Castle Pines, 0	CO 80108			
	City/State and Zip Coo	de		
Tad.Broschat(@gmail.com			
E-mail	address: (to be used for future	annual report not	ification)	
For further in	formation concerning this man	tter, please call:		
Tad Broschat		303 at (906.3009	
	Name of Person		Area Code & Daytime Telephone Number	
Regi Divis P.O.	ling Address: stration Section sion of Corporations Box 6327 phassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclo	osed is a check for the follow	ing amount:		
■ \$2	5 Filing Fee	□ \$55 Filing Fee & Certified Copy		

TO:

Registration Section

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)	1824 Denise Court East	(b	570 Stonemont Drive
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	St. George Island, FL 32328		Castle Pines, CO 80108
	4/13/2021		L21000170788
	Date of filing/registration in Florida	4.	Document number
(a)	Tad R. Broschat		
(,	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	1824 Denise Court East		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	ў ——————
	St. George Island, FI	32328	2022 DEC
(b)	Tad R. Broschat		EC 22
` ,	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:
	315 US Hwy 98		<u> </u>
	NEW Registered Office Address:		&
	c/o Gulf Coast Vacation Properties		
	St. George Island EASTPANT FI	32328	
ange ent v as/wo	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registere ability co of the lim limited li	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
iena:	ture of a member or authorized representative of a member		Printed or typed name of signee
ovisi v obl merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I An yriting of this change.	ree to act performa d for in C hereby co	in this capacity. I further agree to comply with tance of my duties, and I am familiar with and acc Chapter 605, F.S. Or, if this document is being fil Infirm that the limited liability company has been