んとしつシンステムろうさ

(Requestor's Name)							
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(0) (0) , (7) (0)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
, ,							
(Decument Number)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special instructions to Filling Officer.							

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08/08/22--01019--025 **25.00



COVER LETTER

Divi	ision of Corporations						
COD USAST	MAJESTIC COASTAL INVESTMENTS, LLC / CHANGE REGISTERED AGENT						
SUBJECT:	Name of Limited Liability Company						
Dear Sir or N	Madam:						
The enclosed	d Registered Agent/Registered (Office Change and I	ec(s) are submitted for filing.				
Please return	n all correspondence concerning	this matter to the fe	ollowing:				
BARRY C A	NTHONY						
	Name of Person		_				
MAJESTIC (COASTAL INVESTMENTS, LLC						
	Firm/Company		_				
9119 WINDS	STONE DR						
	Address	······································	_				
OOLTEWAL	1, TN 37363						
	City/State and Zip Code	2	_				
BARRYANT	THONY@COMCAST.NET						
E-mail	address: (to be used for future a	innual report notific	ration)				
For further i	nformation concerning this matt	er, please call:					
BARRY AN	THONY	423 at (504-2508				
	Name of Person	ut \	Area Code & Daytime Telephone Number				
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	losed is a check for the followi	ng amount:					
= \$	25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy				

INHS18 (2/14)

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.

l. Na	ame of the limited liability company: MAJESTIC COA	STAL	INVESTME	NTS, LLC			
							_
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited	liability comp	any:	
	9119 WINDSTONE DR.		9119 W	INDSTONE DR.			
	OOLTEWAH, TN 37363	_	OOLTE	WAH, TN 37363			_
	JUNE 14, 2021		L2100027	/6338			
3.	Date of filing/registration in Florida	4.		Document number			_
5. (a)							
	Registered Agent and Registered Office shown on the records of WYROUGH, WILLIAM E, JR	the Flor	ida Dept. of Si	tate:	<u>(7.</u>	2(
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRE	(22)	- _	Σ ^{[7} .	122	
	30 SOUTH SHORE DR		and t		A	2022 AUG	•
	MIRAMAR BEACH , FL	32550			HAS	8	i d
_					Sic.	M	9
(b)	Enter name of NEW Registered Agent and/or NEW Registered	000	- d d		215.	÷.	8
	The state of the first the Arent and the Negriteria	Oure	<u>auures</u> s:		· -	7	
	TRAVIS DeCERE - MARSHALL REDDICK REAL EST	TATE					
	NEW Registered Office Address:			_			
	601 DEL PRADO BLVD N, SUITE 8						
	CARE CORAL						
	CAPE CORAL , FL.	339 0 9					
cnange agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of less of organization or the operating agreement of the law.	vs of the register of the life	ne State of Fored office a company, it mited liability co	nd the business office o is hereby confirmed tha ity company or as other mpany.	f the registe	red	e
Signati	ure of a member or authorized representative of a member		ARRY C AN	Printed or typed name of:	dama		_
I hereb provision the obli to mere motified	by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address, I have my contact a change.	ee to ac perform I for in ereby (ct in this cap nance of my Chapter 60 confirm thai	- united the discount	,	ith the accept g filed een	f
	District of Co						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00