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Office Use Only



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2022 OCT 26 PM 1: 08 SECRETARY OF STATE

COVER LETTER .

Division of Corporations	
SUBJECT: COSTA ROPERTY GROC Name of Limited Lia	P U Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
ROBERT C MASSENGILL Name of Person	_
COSTA PROPERTY GROUP LLC Firm/Company	<u>.</u> .
6300 COCCA LN. Address	_
Alouo BEACH FL 33572 City/State and Zip Code	<u> </u>
E-mail address: (to be used for future annual report notific	vation)
For further information concerning this matter, please call:	
ROBERT N ASSENGIU at (843) Name of Person) 743-4330 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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

. Name of the limited liability company: LOSTA ROPERTY GROUP LLC
(a) 6300 (OCOA LN. (b) 6300 (OCOA LN.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
APOLLO BEACH FL 33572 APOLLO BEACH FL 335
10 00 0001
$\frac{ 0-30-302 }{\text{Date of filing/registration in Florida}} \qquad \frac{L31000456680}{\text{Document number}}$
Λ
(a) UNITED STATES CORPORATION AGENTS INC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
5575 S. SEMORAN BLUD
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
36 DRIANDO = 2087)
2001
O O O O
(b) KOBERT C. NASSENGILL Enter name of NEW Registered Agent and/or NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:
6300 COCOA LN.
NEW Registered Office Address:
APOLLO BEACH FL 33572
f the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
hange or changes are made, the Florida street address of the registered office and the business office of the registered gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
vas/were authorized/by an affirm/tive vote of the members of the limited liability company or as otherwise provided in
ne articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member National Control of Signature
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept be obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed o merely reflected change in the registered office address. I hereby confirm that the limited liability company has been
otified in writing offinis change.

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

Signature of Regatered Agent