

L22 000 174 391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

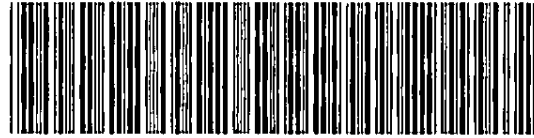
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE

DEC 29 2022

Office Use Only



900394307089

09/22/22--01011--024 **25.00

FILED
2022 SEP 22 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COSTON COVERINGS, 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:

SHAWN COSTON

Name of Person

COSTON COVERINGS, LLC

Firm/Company

265 E. MARION AVENUE, SUITE 119

Address

PUNTA GORDA, FLORIDA 33950

City/State and Zip Code

costons06@gmail.com

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

For further information concerning this matter, please call:

Shawn Coston

at (647) 535-1112

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

**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: <u>Coston Coverings, LLC</u>	
2. (a) <u>Principal office address of limited liability company:</u> (Note: <u>MUST BE STREET ADDRESS</u>) <u>265 E. Marion Avenue, Suite 119</u> <u>Punta Gorda, Florida 33950</u>	(b) <u>Mailing address of limited liability company:</u> (Note: <u>MAY BE POST OFFICE BOX</u>) <u>265 E. Marion Avenue, Suite 119</u> <u>Punta Gorda, Florida 33950</u>
3. <u>April 12, 2022</u> Date of filing/registration in Florida	4. <u>L22000174391</u> Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>Shawn Coston</u> Registered Office Address (<u>MUST BE FLORIDA STREET ADDRESS</u>) <u>17596 Fallen Branch Way</u> <u>Punta Gorda, FL 33982</u>	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address: <u>Shawn Coston</u> NEW Registered Office Address: <u>265 E. Marion Avenue, Suite 119</u> <u>Punta Gorda, FL 33950</u>	

FILED
2022 SEP 22 PM 4:16
SECRETARY OF STATE
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 of a member or authorized representative of a member	<u>Shawn Coston</u> _____ Printed or typed name of signer
---	---

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 of Registered Agent