## L22000317257

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## **COVER LETTER**

ability Company
fee(s) are submitted for filing.
following:
<del></del>
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cation)
909-6915
Area Code & Daytime Telephone Number
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
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INHS18 (2/14)

## 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. N	ame of the limited liability company: Coach Hill LL	.C		
(-,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limit (Note: MAY BE PO	ted liability company:
	232 Lafitte Crescent	2	232 Lafitte Crescent	
	FT Walton Beach, FL 32547		FT Walton Beach, FL 32547	
	18 July 2022	L2	22000317257	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Cheyenne Moseley, US Corp. Agents			
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREE		Photo AUG 12	
(b)	5575 S. Semoran BLVD, Suite #36			
	Orlando	FL		(A)
	Fric T. Hill			FILED  MUG 12 PH 4: 2  CALLAHASSEE FL
	Enter name of NEW Registered Agent and/or NEW Register	<u>ess</u> :	2	
	NEW Registered Office Address:			
	232 Lafitte Crescent			
	FT Walton Beach	FL		
change agent was/w	dimited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member cicles of organization or the operating agreement of the street of the member of the operating agreement of the operations.	the registered I liability compression of the limite	office and the business offic pany, it is hereby confirmed ed liability company or as of pility company.	te of the registered that the change(s)
Signa	ature of a member or authorized representative of a member	<del></del>	Printed or typed name	e of signee
I here provis the ob to mer notifie	eby accept the appointment as registered agent and cions of all statutes relative to the proper and completigations of my position as registered agent as provicely reflect a change in the registered office address, and in writing of this change.	agree to act in ete performan ided for in Cho , I hereby conj	this capacity. I further agr. ce of my duties, and I am far apter 605, F.S. Or, if this do irm that the limited liability	ee to comply with the niliar with and accept ocument is being filed company has been
Signati	ure of Registered Agent			