## 122000342336

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/11/2022	
Name:_	Greg Pintacuda	
Referen	ence #:	
Entity N	Name: ADVENTURE COAST PROPERTY LLC	
A	Articles of Incorporation/Authorization to Transact Business	
A	Amendment	
<b>√</b> C	Change of Agent	
□ R	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
F	Fictitious Name	
□ C	Other	
	rized Amount: \$25	
Signatur	ure:	

F: +852.2682.9790

## **COVER LETTER**

Division of Corporations	
Adventure Coast Property LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Deb Nihiser	
Name of Person	
Morrison Foerster	
Firm/Company	
4200 Republic Plaza	
Address	
Denver, Colorado 80202	
City/State and Zip Code	
WHalaby@mofo.com	
E-mail address: (to be used for future annual rep	ort notification)
For further information concerning this matter, please	call:
Deb Nihiser at (	720 694-2299
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 amou	nt:
■ \$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.

?. (a)	10173 Horizon Drive, Springhill, Florida 34608		(b) 10173 Hoi	rizon Drive, Springhill, Florida 34608
. (-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	August 3, 2022		L220003423	336
	Date of filing/registration in Florida	4.		Document number
. (a)	Cogency Global Inc.			_
	Registered Agent and Registered Office shown on the records 10173 Horizon Drive	s of the Flori	da Dept. of State	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRE.	SS)	TILLE 12 MID 00
	Springhill .FL 34608			
(b)	Cogency Global Inc.			300 星
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ered Office a	iddress:	0.0
	115 North Calhoun Street, Suite 4			
	NEW Registered Office Address:			-
	Tallahassee	FL_32301		-
hange gent w as/we	mited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membereless of organization or the operating agreement of the operating agreement of the case.	laws of th the registe I liability or rs of the li	red office and company, it is mited liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in
ic di ti	Uses of organization of the operating agreement		lliam R. Halab	• •

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.

Printed or typed name of signee

Joe Morris - Asst Secretary w/ Cogency Global Inc. Signature of Registered Agent

Signature of a member or authorized representative of a member