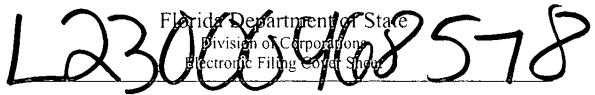
11/25/24, 9.20 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000392135 3)))



H240003921353ABCS

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600

: (323)389-0502 Fax Number

\*\*Enter the email address for this business entity to be used for future ? annual report mailings. Enter only one email address please. \*\*

| email | Address: |  |  |  |  |  |  |
|-------|----------|--|--|--|--|--|--|
|       |          |  |  |  |  |  |  |

## LLC REGISTERED AGENT CHANGE COASTLINE BAGS LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | l       |
| Page Count            | 03      |
| Estimated Charge      | \$55.00 |

T. LEMIEUX

Electronic Filing Menu

Corporate Filing Menu

**PNOTV** 2 6 2024

## COVER LETTER

| TO: Registration Section Division of Corporations  |   |                                     |  |
|--|---|-------------------------------------|--|
| SUBJECT: COASTLINE BA  | GS LL   |                                     |  |
| Na   | me of Limited   | Liability Company                   |  |
| Dear Sir or Madam:   |   |                                     |  |
| The enclosed Registered Agent/Registered O   | ffice Change an   | nd fee(s) are submitted for filing. |  |
| Please return all correspondence concerning t  | his matter to th  | e following:                        |  |
| Mike Town  |   |                                     |  |
| Name of Person   |   | <del></del>                         |  |
| Legalzoom.com, Inc.  |   |                                     |  |
| Firm/Company   |   | <u> </u>                            |  |
| 9900 Spectrum Dr   |   |                                     |  |
| Address  |   | <del></del>                         |  |
| Austin, TX 78717   |   |                                     |  |
| City/State and Zip Code  |   | <del></del>                         |  |
| debrabravo@gmail.com   |   |                                     |  |
| E-mail address: (to be used for future and   | nual report noti  | fication)                           |  |
| For further information concerning this matter   | , please call:  |                                     |  |
| Mike Town  | 800   | 773-0888 ext 9724                   |  |
| Name of Person   |   | Area Code & Daytime Telephone Numbe |  |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 |                                     |  |
| Enclosed is a check for the following  | amount:   |                                     |  |
| □ \$25 Filing Fee  | <b>□</b> \$:  | 55 Filing Fee & Certified Copy      |  |
| INHS18 (2/14)  |   |                                     |  |

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

From: Malika Lacy

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.

| I. Na          | me of the limited liability company:   | NE BA  | AGS LLC  |
|----------------|--|--|--|
| 2. (a)         |  |  |  |
|                | Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)  | . (0)  | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
|                | 520 NW 93RD AVE  | 520  | 0 NW 93RD AVE  |
|                | PEMBROKE PINES, FL 33024   | PE   | MBROKE PINES, FL 33024   |
|                | 10/11/2023   | L230   | 000468578  |
|                | Date of filing/registration in Florida   | 4.   | Document number  |
| (2)            |  |  |  |
| (a) .          | Registered Agent and Registered Office shown on the records of the   | : Florida Dent                               | of State:  |
|                | BRAVO, DEBRA   | r i i i i i i i i i i i i i i i i i i i      | of State: 26   |
|                | Registered Office Address (MUST BE FLORIDA STREET AD   | DRESS  |  |
|                | 520 NW 93RD AVE  | ZATAZAI                                      |  |
|                | DEMPROVE DINEC   |  |  |
|                | PEMBROKE PINES , FL 3:   | 3024   |  |
|                |  |  | 1 2 2  |
| b) -           | inter name of NEW Registered Agent and/or NEW Registered Of  | <del></del> -                                |  |
| r              | inter name of NEW Registered Agent and/or NEW Registered Of  | lice address:                                |  |
|                | UNITED STATES CORPORATION AGENTS,  | INC:   |  |
| -              | NEW Registered Office Address:   |  |  |
|                | 476 Riverside Ave.   |  |  |
| -              | TO THE OTHER PROPERTY.   |  | <u></u>  |
|                | lacksonville   | 2202   |  |
| _              | Jacksonville, FL_32  | <u> </u>                                     |  |
| e lim          | ited liability company is not organized under the laws of  | of the Status                                | of Clearly is in Samuel and the second                                       |
| - ([[]]]       | te of changes are made, the morning street anniess of the  | e realisteron i                              | Attico and the number of the after a dis-                                    |
| 11 55 11       | t be identical. Or, in the case of a Florida limited liabil authorized by an affirmative vote of the members of the  | lifit compans                                | U it is baraba confirmal that the thin 7/1                                   |
| rticl          | is of organization of the operating agreement of the lim   | nited Itability                              | v company  |
|                | _DEsauo  | DEBRA I                                      | BRAVO  |
| natun          | of a member or authorized representative of a member   |  | Printed or typed name of signee  |
| blige<br>erelv | accept the appointment as registered agent and agree to so of all statutes relative to the proper and complete per titions of my position as registered agent as provided for reflect a change in the registered office address. I here is writing of this change. | rjormance oj<br>ir in Chapter<br>eby confirm |  |
| k!             | reutlein Erk Treutlein, ASSISTANT SECRETARY, UNIT  | TED STATES                                   |  |
| ature o        | i Registered Agent   |  |  |

To: