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| (Red | questor's Name) | <u> </u> |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
| Special Instructions to F | Filing Officer: | |
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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|--|--|
| Coastal Newspapers, LLC SUBJECT: | | |
| | nited Liability Company | |
| Dear Sir or Madam: | | |
| The enclosed Registered Agent/Registered Office Char | nge and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter | to the following: | |
| Koger M. Bradford | | |
| Name of Person | | |
| Holcombe Bomar, P.A. | | |
| Firm/Company | | |
| P.O. Box 1897 | | |
| Address | | |
| Spartanburg, South Carolina 29304 | | |
| City/State and Zip Code | | |
| kbradford@hotcombebomar.com | | |
| E-mail address: (to be used for future annual repo | rt notification) | |
| For further information concerning this matter, please of | eall: | |
| Koger M. Bradford S | 64 594-5303 | |
| 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 | t: | |
| ■ \$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.

| Principal office address of limited liability company: | -4.4 |
|--|---|
| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) Mailing address of limited liability company: |
| 2365 Prince Avenue, Suite A | (<u>Note: MAY BE POST OFFICE BOX)</u> P.O. Box 792 |
| Athens, Georgia 30601 | Athens, Georgia 30603 |
| 09/01/2000 | M0000001789 |
| Date of filing/registration in Florida | 4. Document number |
| Registered Agent and Registered Office shown on the records of the Thomas H. Wood Registered Office Address (MUST BE FLORIDA STREET ALL 2370 South 3rd St. South 7 | |
| Jacksonville Beach Jacksonville Beach FL 3 | |
| Enter name of NEW Registered Agent and/or NEW Registered O Michael Loonard NEW Registered Office Address: | Office address: |
| 1825 St. Johns Avenue | -: 12 |
| 1025 00.0000 7770000 | 28 |
| Palatka, FL_32 | : Œ |
| Palatka , FL 30 imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the limited of a member of a complete person of all statutes relative to the proper and complete person of all statutes relative to the proper and complete person of all statutes relative to the proper and complete person of all statutes relative to the proper and complete person of all statutes relative to the proper and complete person of all statutes relative to the proper and complete person of the per | 2177 of the State of Florida, it is hereby confirmed that after the pristered office and the husiness office of the preistered |