

MOO 000001789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

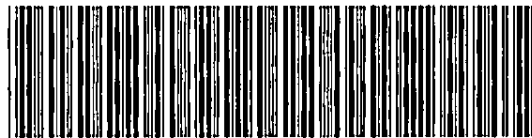
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400357450394

01/29/21--01008--030 \*\*25.00

2021 JAN 29 PM 2:28  
FILED  
CLERK

R 3/9/21

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Coastal Newspapers, 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:

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@holcombebomar.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Koger M. Bradford at ( 864 ) 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:**

- \$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: Coastal Newspapers, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
2365 Prince Avenue, Suite A  
Athens, Georgia 30601

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
P.O. Box 792  
Athens, Georgia 30603


3. 09/01/2000 Date of filing/registration in Florida  
 4. M00000001789 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Thomas H. Wood  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
2320 South 3rd St., Suite 7  
Jacksonville Beach, FL 32250

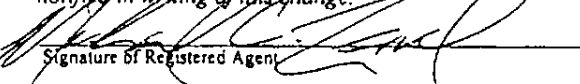
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  
Michael Leonard  
NEW Registered Office Address:  
1825 St. Johns Avenue  
Palatka, FL 32177

2021 JAN 29 PM 2:28  
 611 510

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  
W. H. NeSmith, Jr., Co-Manager 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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
 FILING FEE: \$25.00