## Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Number : FCA0000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## LLC REGISTERED AGENT CHANGE SEACOAST BROKERS, LLC

Certificate of Status	0
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Corporate Filing Menu

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## 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.	Na	me of the limited liability company:	COAST BROI	KERS, I		N. CTRETT			
2. (	a) .	88 A MAIN STREET  Principal office address of limited liability (Note: MUST BE STREET ADDR)		_ (h	ı)	IN STREET  Mailing address of limited liabi  (Note: MAY BE POST OF)		-	
		HILTON HEAD ISLAND, SC 29926		_	HILTON I	HEAD ISLAND, SC 29926			
		10/17/2006			N106000005702				
3. 5. (a		Date of filing/registration in Flor CORPORATION SERVICE COMPANY	rida	4.		Document number			
	(4)	Registered Agent and Registered Office shown on 1201 HAYS STREET	the records of th	ne Florida	i Dept of Stat	<del>-</del> e:			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<b>-</b>	~	پي	
		TALLAHASSEE	, FL.	32301-2	525	_	<b>1021</b> SEP 23	NOISLA	
(1	F)	C T Corporation System						77 77 77 77 77 77 77 77 77 77 77 77 77	
	0,	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> 1200 South Pine Island Road	W Registered (	Office ad	dress:		AM 10: 17	OF STATE PORATION	
		NEW Registered Office Address:							
		Plantation	, FL_	33324		-			
the aget was the	cha it v /we arti	mited liability company is not organized to nge or changes are made, the Florida street will be identical. Or, in the care of a Florida tree authorized by an affirmany vote of the cles of figurization of the operating agree	et address of the data dimited had emembers of the 1	the regi bility co the lin imited	stered offici ompuny, it i nited liabilit	e and the business office of shereby confirmed that the company or as otherwise apany.	of the re ne chang se provid	gistered (e(s)	
	-	ure of a member or authorized representative of a n				Printed or typed name of sign			
prov the to n noti By:	visi ohl iere fiec	ov accept the appointment as registered a ons of all statutes relative to the proper a igation of my position as registered agen- ily reflect a change in the registered affice I in writing of this change I. T Corporation System	nd complete j it as provided e address, I h	rerjorm Tor in t	ance of my Comier 60.	aunes, and Lam Jamiliar 5. F.S. Or if this docume	wiin and ni is beii	racvepr no tiled	