M1000003994

(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:		





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D. BRUCE MAR 2 9 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
	T TRADING (NCT), LLC ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
FRANLIZ MEDINA VIELMA Name of Person	
NEW COAST TRADING (NCT), LL	C
3475 SOUTH OCEAN BLVD, # 21	11 MAR 28 LEGRETARY LEGRETARY LEGRETARY LEGRETARY
PALM BEACH, FLORIDA, 33480 City/State and Zip Code	AR 28 PH 12 32 ETARY OF STATE HASSEE, FLORIDA
fmedina@newcoastrading.com 15-mail address: (to be used for future annual report notific	ration)
For further information concerning this matter, p	please call:
FRANLIZ MEDINA VIELMA at	(614) 5051247 Area Code & Daytime Telephone Number
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 a	mount:
\$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 608.416 or 608.508, 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.

Name of the limited liability company:NEW	COAST TRADING(NCT), LLC
2. (a) Principal office address of limited liability compan	y: 1523 CLUBVIEW BLVD SOUTH
(Note: MUST BE STREET ADDRESS)	COLUMBUS, OHIO, 43235
(b) Mailing address of limited liability company:	3475 SOUTH OCEAN BLVD. #215
(Note: MAY BE POST OFFICE BOX)	PALM BEACH, FL. 33480
09/07/2010	M1000003994
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown on	the records of the Florida Dept. of State:
Registered Agent:	FRANLIZ MEDINA VIELMA
Registered Office Address:	8240 SW 187 ST
	MIAMI, FL. 33157
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	FRANLIZ MEDINA VIELMA
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	3475 SOUTH OCEAN BLVD. # 215
IN OST BET ECKIDITISTICET TIDDICESS)	PALM BEACH ,FL 33480
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) of the members of the limited liability company or as other or the operating agreement of the limited liability company. Signature of a member of authorized representative of a member FRANLIZ MEDINA VIELMA Printed or typed name of signee I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the provision of all statutes relative to the provision of all statutes relative to the provision of all statutes agent and accept the obligations of my pound I am familiar with and accept the obligations of my pound I am familiar with and accept the obligations of my pound I am familiar with and accept the obligations of my pound I am familiar with and accept the obligations of my pound I am familiar with and accept the obligations of my pound I am familiar with and accept the obligations of my pound I am familiar with and accept the obligations of my pound I am familiar with and accept the obligations of my pound I am familiar with and the limited liability company	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Signature of Registered Agent	
// / Division of Corporations, P.O. Box 63	27, Tallahassee, FL 32314

FILING FEE: \$25.00