

M15000003739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

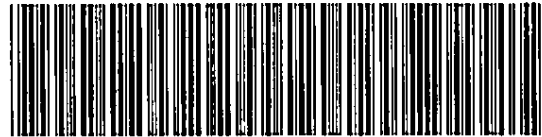
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/18/18--01014--014 **25.00

FILED
2018 MAY 18 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B FIGUEROA

MAY 21 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Harborview Properties, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tom Saurey
Name of Person

Tuff Shed, Inc.
Firm/Company

1777 S. Harrison St., Suite 600
Address

Denver, CO 80210
City/State and Zip Code

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

For further information concerning this matter, please call:

Jane Uylaki at (303) 474-5519
Name of Person 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 amount:

- ☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Coastal Harborview Properties, LLC

Enter new principal office address, if applicable: 1777 S. Harrison Street, Suite 600

(Principal office address

MUST BE A STREET ADDRESS)

Denver, CO 80210

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M15000003739

3. Jurisdiction of its organization: Colorado

4. Date authorized to do business in Florida: May 8, 2015

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: Coastal Harborview, LLC

(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida Street Address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

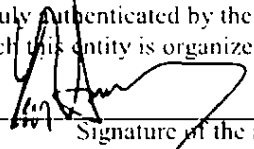
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|----------------|---------------------------------|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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2018 MAY 18 3 PM 2:24
CLERK OF DISTRICT COURT
ALABAMA
JULIA S. SELLER

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative
Tom Saurey, Manager

Typed or printed name of signee

Filing Fee: \$25.00



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
Date and Time: 05/07/2018 02:16 PM
ID Number: 20151307346
Document number: 20181377797
Amount Paid: \$10.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement of Correction Correcting the Entity Name
filed pursuant to §7-90-305 of the Colorado Revised Statutes (C.R.S.)

1. For the entity, its ID number and entity name are

ID number 20151307346
(Colorado Secretary of State ID number)

Entity name
Coastal Harborview Properties, LLC

2. The document number of the filed document being corrected is 20151307346

3. The entity name is incorrect.

4. Such entity name, as corrected, is
Coastal Harborview, LLC

5. ☐ This document contains additional information as provided by law.

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

6. The true name and mailing address
of the individual causing the document
to be delivered for filing are

| | | | |
|--|------------------------|--------------------------------------|-------------------------|
| Saurey | Tom | | |
| <small>(Last)</small> | <small>(First)</small> | <small>(Middle)</small> | <small>(Suffix)</small> |
| <u>1777 S Harrison St</u> | | | |
| <small>(Street name and number or Post Office Box information)</small> | | | |
| <u>Suite 600</u> | | | |
| <u>Denver</u> | <u>CO</u> | <u>80210</u> | |
| <small>(City)</small> | <small>(State)</small> | <small>(Postal/Zip Code)</small> | |
| <u>United States</u> | | | |
| <small>(Province - if applicable)</small> | | <small>(Country - if not US)</small> | |

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).