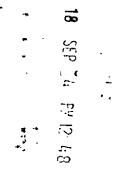
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Office Use Only



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SEP - 8 2279 S. PRATHER

COVER LETTER

Divi	sion of Corporations			
SUBJECT:	Edwards Intracoastal, LLC			
	Name of Limited Liability Company			
Dear Sir or N	Aadam:			
The enclosed	l Registered Agent/Registered Office Cl	nange and fe	e(s) are submitted for filing.	
Please return	all correspondence concerning this mat	iter to the fo	llowing:	
Susan Wil	gus			
	Name of Person		•	
The Edwa	rds Companies			
	Firm/Company		•	
495 South	High Street, Suite 150			
	Address		•	
Columbus	, OH 4 3215			
	City/State and Zip Code		•	
swilgus@e	edwardscompanies.com			
E-mail	address: (to be used for future annual re	port notifica	ition)	
For further in	nformation concerning this matter, pleas	e call:		
Susan Wild	gus at	614	241-2070	
	Name of Person	,	Area Code & Daytime Telephone Number	
Regi Divis Cliffe 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle ahassee, Florida 32301	Regis Divis P.O. I	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
Encl	osed is a check for the following amo	unt:		
2 \$2	25 Filing Fee	\$ 55	Filing Fee & Certified Copy	

TO: Registration Section

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

Name of the limited liability company:	ards Intracoastal, LLC		
(a) 495 South High Street, Suite 150	(b) 495 So	(b) 495 South High Street, Suite 150 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Principal office address of fimited liability co (Note: MUST BE STREET ADDRES.	empany:		
Columbus, OH 43215	Columb	ous, OH 43215	
05/18/2016	M100000	D3981	
Date of filing/registration in Florid	la 4.	Document number	
(a) C T Corporation System			
Registered Agent and Registered Office shown on the	e records of the Florida Dept. of Star	_ te:	
1200 South Pine Island Road			
Registered Office Address (MUST BE FLORIDA	A STREET ADDRESS)	_	
Plantation	33324	o	
	, rL	- ・ ・ C7 で1 で0	
(b) Henry B. Handler		_	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address:	79	
Weiss, Handler & Cornwell, P.A.		, 5	
NEW Registered Office Address:		_ ·	
2255 Glades Road, Suite 218-A		_	
Boca Raton	, FL 33431-7392		
the limited liability company is not organized und change or changes are made, the Florida street a ent will be identical. Or, in the case of a Florida s/were authorized by an affirmative vote of the narticles of organization or the operating agreement.	address of the registered offic limited liability company, it is members of the limited liability tent of the limited liability con Dean Kissos	e and the business office of the registe is hereby confirmed that the change(s) ty company or as otherwise provided in npany. S. CFO	
ignature of a member or authorized representative of a men		Printed or typed name of signee	
ereby accept the appointment as registered ager visions of all statutes relative to the proper and obligations of my position as registered agent a nerely reflect a change in the registered office a	complete performance of my	duties, and I am familiar with and acc	

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

Signature of Registered Agent