

MI7000003607

(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



000300339550

06/15/17--01020--020 **25.00

FILED
17 JUN 15 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

JUN 19 2017

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Request for Address Change/Coastal Home Construction LLC

Dear Division of Corporations,

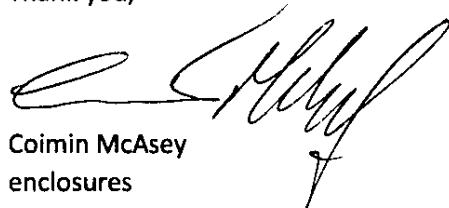
Please use this letter as my formal request to change all the addresses, including the address for the CEO, LLC, and Registered Agent, on my LLC sunbiz.org file to the following –

24123 Peachland Blvd, C-4 #217
Port Charlotte, Florida 33954

I have enclosed a complete application as well as payment for this request.

If you have any questions, or concerns, you can reach me anytime at 813-415-8314.

Thank you,


Coimin McAsey
enclosures

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Home Construction 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:

Mark Ippolito

Name of Person

Coastal Home Construction LLC

Firm/Company

24123 Peachland Blvd, C-4 #211

Address

Port Charlotte, Florida 33954

City/State and Zip Code

elginholdings@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark Ippolito

Name of Person

at (813) 415-8314

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

FILED
17 JUN 15 AM 11:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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 HOME CONSTRUCTION LLC

Enter new principal office address, if applicable: 24123 Peachland Blvd, C-4 #217

(Principal office address

MUST BE A STREET ADDRESS)

Port Charlotte, Florida 33954

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

24123 Peachland Blvd, C-4 #217

Port Charlotte, Florida 33954

2. The Florida document number of this limited liability company is: M17000003607

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 4/28/2017

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

5. New name of the limited liability company: _____
(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: Mark Ippolito

New Registered Office Address: 24123 Peachland Blvd, C-4 #217

Enter Florida Street Address

Port Charlotte

Florida

33954

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.



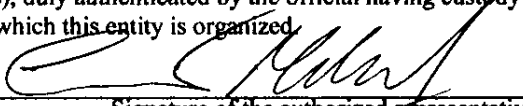
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	MCASEY, COIMIN	4390 Lazio Way, Unit 406	<input type="checkbox"/> Add
		Ft Myers, FI 33901	<input checked="" type="checkbox"/> Remove
CEO	MCASEY, COIMIN	24123 Peachland Blvd, C-4 #217	<input checked="" type="checkbox"/> Add
		Port Charlotte, Florida 33954	<input type="checkbox"/> Remove
COO	IPPOLITO, MARK	24123 Peachland Blvd, C-4 #217	<input checked="" type="checkbox"/> Add
		Port Charltte, Florida 33954	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

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

Coimin Mcasey
Typed or printed name of signer

Filing Fee: \$25.00