Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000391909 3)))



H220003919093ABC2

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Doing so will generate another cover sheet.

To:		
Division of Cor	porations	
Fax Number	: (850)617-6383	<u>.</u>
From:		、
Account Name	: NRAI SERVICES, LLC	I.5;
Account Number	: 120080000104	
Phone	: (302)674-4089	
Fax Number		
1 BX (Admoc)	, (,-	-
**Foter the email addres	s for this business entity to be used fo	r futur
annual report maili	ngs. Enter only one email address please	
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Email Address:		
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## LLC REGISTERED AGENT CHANGE EAST COAST MANAGEMENT, LLC

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\$25.00		

Electronic Filing Menu

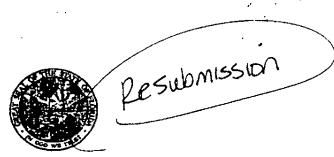
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Help

NOV 17 2022

K. Brumbley

Fax Server



November 18, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

EAST COAST MANAGEMENT, LLC 13115 W. LINEBAUGH AVE.

SUITE: 102

TAMPA, FL 33626

SUBJECT: EAST COAST MANAGEMENT, LLC

REF: M20000004874

collected doc.

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please provide the current registered agent on line 5(a) on our records.

If you have any further questions concerning your document, please call (850) 245-6939.

Catherine M Brumbley Regulatory Specialist III Internet Support

FAX Aud. #: H22000391909 Letter Number: 822A00025774

(((H220003919093)))

## 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.

. Na	ame of the limited liability company:						
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(1		Mailing address of (Note: MAY BE	POST OFFIC	comp	eany:
	13041 W. Linebaugh Ave		13041 W.	Linebaugh Avc.			
	Tampa, FL 33626		Tampa, Fl	L 33626	<u> </u>		
	05/26/2020		M20000004				
<b>3</b> .	Date of filing/registration in Florida	4.		Document nur	nber		
				_			
5. (a)	Registered Agent and Registered Office shown on the records o	of the Flori	la Dept. of Sta	te;			
	Elliot Sasson			_			
	Registered Office Address MUST BE FLORIDA STREET	ADDRE	<u>ड</u> ा				
	13041 W. Linebaugh Ave.						
	Tampa , F	L_33626		<del></del>	F= /	2022	
0.					<u>:::</u> —	2022 NOV 15	71 2
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office a	iddress:		)- ·-	5	E A A
	NRAI Services, Inc.				1, 11	PM 4:	9 V
	NEW Registered Office Address:				7: 7:1	 ∼	
	1200 South Pine Island Road				•		
	Plantation	FL					
the c	e limited liability company is not organized under the hange or changes are made, the Florida street address t will be identical. Or, in the case of a Florida limited	Of the lo	B.3.0.00	barabu aanfi	emod that th	e cha	moc(s)
agent was/ the a	were authorized by an affirmative vote of the memoer ricles of organization or the operating agreement of t	s of the l	imited liabi	lity company or ompany.			
was/the a	were authorized by an affirmative vote of the member rticles of organization or the operating agreement of t  Christopher Wild  Transce of a member or authorized representative of a member	s of the limite	imited liabild liability control was the control of	lity company or ompany. 'ild Printed or type	d name of sign	ec	
agent wash the a 	were authorized by an affirmative vote of the memoer ricles of organization or the operating agreement of t	s of the limite	imited liabild liability control liability contr	lity company or ompany.  (ild Printed or type apacity. I furth ny duties, and I a	d name of sign er agree to c am familiar	ee ompl with i	y with the and accept

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