## P21000043918

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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Coral Breeze Holdings	
DOCUMENT NUMBER: P21000043918	
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Edward Winkler	
Name of Contact Person	
Xanadu Holding Company Inc.	
Firm/Company	
956 3 Mile Road NW	
Address	<del></del>
Grand Rapids, MI 49544	
City/State and Zip Code	·
legal.cbc@gmail.com	<u>.</u> .
E-mail address: (to be used for future annua	report notification)
For further information concerning this matter, p	please call:
Edward Winkler	31 (616 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Name of Contact Person	at (616 ) 570-0320  Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee
Tallahassee El 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	provisions of sections 607.0502, 617.0502, 607. Inge is submitted for a corporation organized w To change its registered office or registered ag	nder the laws of the State of Flo	rida	is 	
1. The name of the	he corporation: Coral Breeze Holdings 1 10.				
2. The principal	office address: 4720 SE 15TH AVE, SUITE 101,	CAPE CORAL, FL 33904			-
3. The mailing a	ddress (if different): 956 3 Mile Road NW, Gran	d Rapids, MI 49544	•		<u>-</u>
4. Date of incorp	poration/qualification: May 7, 2021	Document number: P210000439	918		_
5. The name and	street address of the current registered agent a tment of State: (If resigned, enter resigned)				
	Current registered agent: Lori Haedacker				
	4720 SE 15TH Ave, Suite 101, Cape Coral, FL 3	33904			
	Current registered office: 4720 SE 15TH Ave, St	uite 101, Cape Coral, FL 33904	10	21	É
6. The name and (if changed):	I street address of the new registered agent (if c	changed) and /or registered offic	e <u></u>	2021 AUG 13	
	New registered agent: James Morice		H\S.	ယ်	
	Address remains the same	_	93.5 10	A	111
	P.O. Box NOT a	acceptable	STATE	8:51	
The street address changed will	ess of its registered office and the street addre be identical.	ess of the business office of its	registere	ed agen	t,
Such change was	as authorized by resolution duly adopted by it he board, or the corporation has been notified	ts board of directors or by an o in writing of the change.	fficer so		
	1 1 141	Delfgauw President			
I hereby accept I further agree of my duties, an	the appointment as registered agent and agre to comply with the provisions of all statutes r and I am familiar with and accept the obligation ing filed merely to reflect a change in the regions is been notified in writing of this change.	Printed or typed name and title ee to act in this capacity. elative to the proper and comp in of my position as registered istered office address, I hereby		forman Or, if th 1 that th	ce nis ne
/s/ James	Morice Au	gust 6, 2021			_
	mature of Registered Agent	Date			
If signing on be	chalf of an entity:				
James Morice					
Т	yped or Printed Name	35 00 + + +			

\* \* \* FILING FEE: \$35.00 \* \* \*

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)