

LD9000079244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

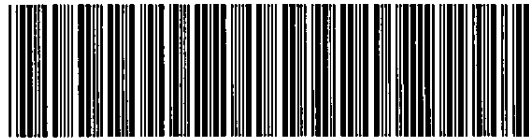
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 22 2016
S. YOUNG

16 SEP 21 AM 11:17

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COASTAL RISK SPECIALISTS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NICOLAS SIHA

Name of Person

USA - REGISTERED AGENT

Firm/Company

17350 STATE HIGHWAY 249, SUITE 220

Address

HOUSTON, TEXAS 77064

City/State and Zip Code

SUPPORT@LEGALINC.COM

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

For further information concerning this matter, please call:

NICOLAS SIHA

713

478 - 1040

at ()

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

☐ \$55 Filing Fee & Certified Copy

16 SEP 21 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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.

COASTAL RISK SPECIALISTS, LLC

1. Name of the limited liability company: _____

22603 CAMINO DEL MAR

1 CLARIDGE DRIVE

2. (a) _____ (b) _____

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

APT 1319

APT 916

BOCA RATON, FL 33433

VERONA, NJ 07044

08/18/2009

L09000079244

3. _____ 4. _____

Date of filing/registration in Florida

Document number

USA-RA LLC

5. (a) _____

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

841 PRUDENTIAL DRIVE

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

12TH FLOOR

JACKSONVILLE

32207

LEGALINC CORPORATE SERVICES INC.

(b) _____

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5237 SUMMERLIN COMMONS

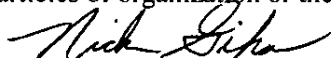
NEW Registered Office Address:

SUITE 400

FORT MYERS

33907

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

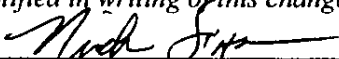


NICOLAS SIHA

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.



Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00