P03000157833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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RA Office change

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2014 MAY 21 AM 8:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MOR

6/10/14

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 4, 2014

ROBERT CRAWFORD
COAST LINE INSURANCE, INC.
2328 SEVEN SPRINGS BLVD
TRINITY, FL 34655

SUBJECT: COAST LINE INSURANCE, INC.
Ref. Number: P03000157833

We have received your document for COAST LINE INSURANCE, INC. and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 414A00012027

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COAST LINE INSURANCE INC
Name of Corporation

DOCUMENT NUMBER: P03000157833

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT CRAWFORD
Name of Contact Person

COAST LINE INSURANCE INC
Firm/Company

NEW → 2328 SEVEN SPRINGS BLVD
Address

TRINITY FL 34655
City/State and Zip Code

RCRAWFORD@COASTLINEINSURANCE.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT CRAWFORD at (727) 375-7735
Name of Contact Person — 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
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: COAST LINE INSURANCE INC

NEW

2. The principal office address: 2328 SEVEN SPRINGS BLVD
TRINITY FL 34655

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/16/2003 Document number: P03000157833

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Robert Crawford
7145 State Route 54
New Port Richey, FL 34653

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TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NEW →

2328 SEVEN SPRINGS BLVD
TRINITY FL 34655
P.O Box NOT acceptable

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Robert Crawford
Signature of an officer or director

ROBERT CRAWFORD DIRECTOR
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Robert Crawford
Signature of Registered Agent

5/21/14
Date

If signing on behalf of an entity:

Typed or Printed Name

*** * * 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 (03/12)