I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: WILL STEPHENS

Entity Name: COASTAL HOME INSPECTION SERVICES, INC.

Current Principal Place of Business:

5870 MUSTANG CIR. PORT ST. LUCIE. FL 34987

Current Mailing Address:

5870 MUSTANG CIR. PORT ST. LUCIE. FL 34987

DOCUMENT# P05000069384

FEI Number: 20-3285990

Name and Address of Current Registered Agent:

STEPHENS, WILL HJR 5870 MUSTANG CIR. PORT ST. LUCIE, FL 34987 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Officer/Director Detail :

Title	PST	Title	PST
Name	STEPHENS, WILL HJR	Name	STEPHENS, WILL HJR
Address	5870 MUSTANG CIR.	Address	5870 MUSTANG CIRCLE
City-State-Zip:	PORT ST. LUCIE FL 34987	City-State-Zip:	PORT SAINT LUCIE FL 34987

Electronic Signature of Signing Officer/Director Detail

FILED Mar 06, 2018 Secretary of State CC4918763388

Certificate of Status Desired: No

Date

03/06/2018

Date