

726757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

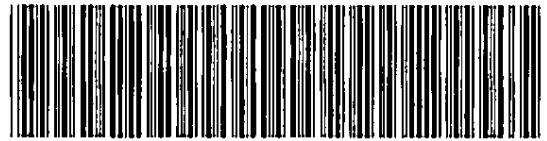
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JAN 29 2020

ALBRITTON

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COASTAL TOWERS CONDOMINIUM APARTMENTS, INC.  
Name of Corporation

**DOCUMENT NUMBER:** 726757

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:

SCOTT STOLOFF

Name of Contact Person

STOLOFF & MANOFF, P.A.

Firm/Company

1818 SOUTH AUSTRALIAN AVE., SUITE 400

Address

WEST PALM BEACH, FL 33409

City/State and Zip Code

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

For further information concerning this matter, please call:

SCOTT STOLOFF

Name of Contact Person

at ( 561 )

615-0123

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

**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: COASTAL TOWERS CONDOMINIUM APARTMENTS, INC.
2. The principal office address: 730 EAST OCEAN AVENUE BOYNTON BEACH, FL 33435
3. The mailing address (if different): Same
4. Date of incorporation/qualification: June 21, 1973 Document number: 726757
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)

DICKER, KRIVOK, STOLOFF, PA

1818 AUSTRALIAN AVE, SUITE 400

WEST PALM BEACH, FL 33409

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

STOLOFF & MANOFF, P.A.

1818 SOUTH AUSTRALIAN AVE., SUITE 400

P.O. Box NOT acceptable

WEST PALM BEACH, FL 33409

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TALLAHASSEE, FLORIDA

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.

Tony Hagan  
Signature of an officer or director

TONY HAGAN President  
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.

[Signature]  
Signature of Registered Agent

DECEMBER 3, 2019

Date

If signing on behalf of an entity:

SCOTT STOLOFF

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 (04/13)