

642947

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

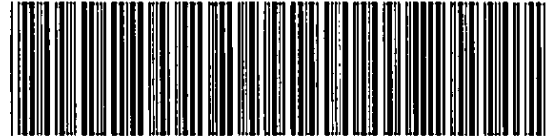
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900313310529✓

05/16/18--01007--005 \*\*35.00

S TALLENT

JUN 05 2018

FILED

18 JUN -1 AM 8:28

R/A-CH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 21, 2018

AUGUST P. DIEMICKE, JR.  
116 MARIE DRIVE  
PONCE INLET, FL 32127

SUBJECT: COAST PARKING AREA MAINTENANCE CORP.  
Ref. Number: G42947

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

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.

Susan Tallent  
Regulatory Specialist II

Letter Number: 418A00010530

*Rec 6/1/2018*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Coast Parking Area Maintenance Corp.  
Name of Corporation

DOCUMENT NUMBER: G42947

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:

August P. Diemicke, Jr.

Name of Contact Person

Firm/Company

116 Marie Drive

Address

Ponce Inlet, FL 32127

City/State and Zip Code

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

For further information concerning this matter, please call:

MaryEllen Osterndorf

Name of Contact Person

at ( 386 ) 255-9171

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: Coast Parking Area Maintenance Corp.
2. The principal office address: 127 Ponce Terrace Circle, Ponce Inlet, FL 32127
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/19/1983 Document number: G42947
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)

Resigned

OSTERNDORF, RICHARD J.

327 S PALMETTO DAYTONA BEACH, FL 32115

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

MaryEllen P. Osterndorf, Esquire

327 So. Palmetto Ave.

P.O. Box NOT acceptable

Daytona Beach, FL 32114

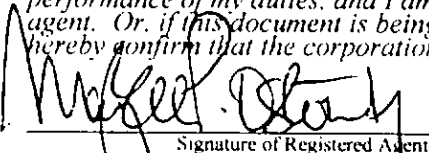
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
Signature of an officer or director

August P. Diemicke, Jr. Vice Pres.  
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 of Registered Agent

5-29-2018  
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)

FILED  
18 JUN -1 AM 9:28  
TALLAHASSEE, FLORIDA