

# L02000 013 821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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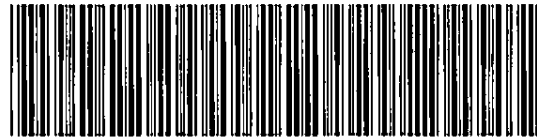
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

AUG 14 2019  
C Kinsey

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Coast Palm Coast, P.L.

Name of Corporation

DOCUMENT NUMBER: L02000013821

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:

Stephanie Bies

Name of Contact Person

Coast Dental

Firm/Company

5706 Benjamin Center Drive, Suite 103

Address

Tampa, FL 33634

City/State and Zip Code

legalgroupp@coastdental.com

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

For further information concerning this matter, please call:

Stephanie Bies

Name of Contact Person

at ( 813 ) 288-1999

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  
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.*

1. Name of the limited liability company: Coast Palm Coast, PL

2. (a) Coast Palm Coast, PL (b) Coast Palm Coast, PL  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)  
114 Palm Coast Parkway NE 5706 Benjamin Center Drive, Suite 103  
Palm Coast, FL 32137 Tampa, FL 33634  
5/30/2002 L02000013821

3. Date of filing/registration in Florida 4. Document number

5. (a) NRAI Services, Inc.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1200 South Pine Island Road

Plantation, FL 33324

(b) Adam Diasti, DDS

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

NEW Registered Office Address:

5706 Benjamin Center Drive, Suite 103

Tampa, FL 33634

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.

[Signature]  
Signature of a member or authorized representative of a member

Adam Diasti, DDS

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]  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

**FILED**  
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TALLAHASSEE, FL