

L16 000032397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

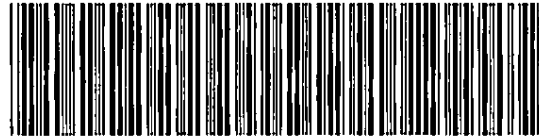
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Y SULKER

SEP 27 2019



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 13, 2019

COASTAL FOOT & ANKLE SPECIALISTS, LLC  
6450 38TH AVE N SUITE 310  
ST PETERSBURG, FL 33710

SUBJECT: COASTAL FOOT & ANKLE SPECIALISTS, LLC  
Ref. Number: L16000032397

We have received your document for COASTAL FOOT & ANKLE SPECIALISTS, LLC 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 form you submitted is for a LIMITED LIABILITY PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 319A00019004

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Coastal Foot & Ankle Specialists  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Heather Zelna  
Name of Person

Coastal Foot & Ankle Specialists  
Firm/Company

6450 38th Ave N, Suite 310  
Address

St. Petersburg, Florida 33710  
City/State and Zip Code

coastalfas@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Zelna at ( 727 ) 347-8872  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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: Coastal Foot & Ankle Specialists

2. (a) 6450 38th Ave N, Suite 310  
Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

St. Petersburg, Florida 33710

(b) 6450 38th Ave N, Suite 310  
Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

St. Petersburg, Florida 33710

3. 2/17/16  
Date of filing/registration in Florida

4. L16000032397  
Document number

5. (a) Brian K. Wright  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

4301 W. Boy Scout Boulevard  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Suite 300  
Tampa, FL 33607

(b) Heather Zelna  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

6450 38th Ave N, Suite 310  
NEW Registered Office Address:

St. Petersburg, FL 33710

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

Heather Zelna  
Printed or typed name of signer

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

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