

L18000 290 258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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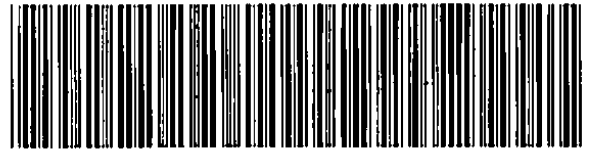
(Business Entity Name)

(Document Number)

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2019 AUG 29 PM 2:45
TALLAHASSEE, FL

SEP 10 2019
C O

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Coastal Dialysis Center, LLC
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:

Abbas Rabiei

Name of Person

Coastal Dialysis Center, LLC

Firm/Company

641 University Blvd Suite 209

Address

Jupiter, FL 33458

City/State and Zip Code

rabiei99@yahoo.com

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

For further information concerning this matter, please call:

Abbas Rabiei 561 596-4989
Name of Person at () 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.

Coastal Dialysis Center, LLC

1. Name of the limited liability company: Coastal Dialysis Center, LLC
2. (a) 641 University Blvd Suite 209 (b) 641 University Blvd Suite 209

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Jupiter, FL 33458

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Jupiter, FL 33458

02/20/2019

L18000290258

3. Date of filing/registration in Florida

4. Document number

St. John, Esq, Susan L

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
909 SE 5th Ave. STE 200

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

delray, FL 33483

Abbas Rabiei

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

641 University Blvd Suite 209

NEW Registered Office Address:

Jupiter, FL 33458

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.

Abbas Rabiei

Signature of a member or authorized representative of a member

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 of Registered Agent

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

FILED
2019 AUG 29 PM 2:45
SEC. TALLAHASSEE, FL