

L99498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

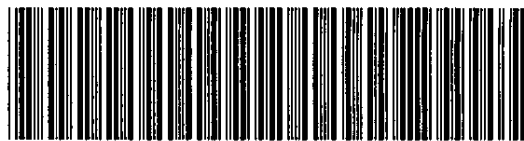
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 NOV -5 AM 9:43

RA/RO Change

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal Automotive Equipment Sales
Name of Corporation

DOCUMENT NUMBER: L99498

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:

Mary Sammartino
Name of Contact Person

Coastal Automotive Equipment Sales
Firm/Company

983 12th Street
Address

Vero Beach FL 32960
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Sammartino at (772) 778 9791
Name of Contact Person 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2014

MARY SAMMARTINO
COASTAL AUTOMOTIVE EQUIPMENT SALES, INC.
983 12TH STREET
VERO BEACH, FL 32960 US

SUBJECT: COASTAL AUTOMOTIVE EQUIPMENT SALES, INC.
Ref. Number: L99498

We have received your document for COASTAL AUTOMOTIVE EQUIPMENT SALES, INC.. However, the document has not been filed and is being returned for the following:

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

The fee to file your document is \$35.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter
Regulatory Specialist

Letter Number: 214A00022835

RECEIVED
14 NOV -5 AM 10:53
DIVISION OF CORPORATIONS
P.O. BOX 6227
TALLAHASSEE, FL 32314

**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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Coastal Automotive Equipment Sales
2. The principal office address: 983 12th Street Vero Beach FL
32960
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/13/90 Document number: L99498
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)

~~Alfred Sammartino~~ - Resigned

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

Mary Sammartino
983 12th Street Vero Beach FL 32960

P.O. Box NOT acceptable

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TALLAHASSEE, FLORIDA
14 NOV -5 AM 9:43

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.

Mark D Sammartino
Signature of an officer or director

Mark D Sammartino
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.

Mary Sammartino
Signature of Registered Agent

10/31/14
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)