

704012

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

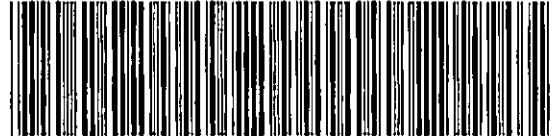
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500319731965

10/16/18--01050--029 \*\*35.00

RECEIVED  
FALLASSIST, FLORIDA

2018 OCT 15 P 1:03

FILED

OCT 23 2018

T. LEMIEUX

*Handwritten signature*

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **Coastal Plains Institute, Inc.**

Name of Corporation

DOCUMENT NUMBER: **N04012**

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:

**Ryan Means**

Name of Contact Person

**Coastal Plains Institute, Inc.**

Firm/Company

**46 Kinsey Road**

Address

**Crawfordville, FL 32327**

City/State and Zip Code

**ryan@coastalplains.org**

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

For further information concerning this matter, please call:

**Ryan Means**

Name of Contact Person

at ( **850** ) **925-1622**

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: Coastal Plains Institute, Inc.  
2. The principal office address: 46 Kinsey Road, Crawfordville FL 32327

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 7/2/1984 Document number: N04012

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)

D. Bruce Means (resigned)

1315 Jackson St

Tallahassee, FL 32303

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

Ryan Means

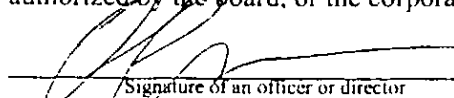
46 Kinsey Road

P.O. Box NOT acceptable

Crawfordville, FL 32327

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

Rebecca Means, Director

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

10/5/2018

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*