

N1700000 2573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

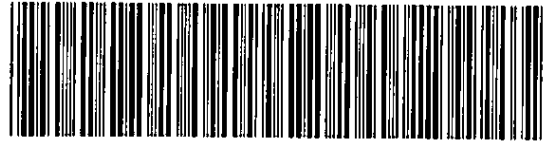
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500332680335

08/22/19--01005--005 **55.00

2019 SEP 12 PM 3:09

for 30

R. WHITE
SEP 12 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2019

MARCIA S. SERGENT
1431 COASTAL OAKS DR
FERNANDINA BEACH, FL 32034

SUBJECT: COASTAL COTTAGES HOMEOWNERS ASSOCIATION, INC.
Ref. Number: N17000002573

We have received your document for COASTAL COTTAGES HOMEOWNERS ASSOCIATION, INC. and your check(s) totaling \$55.00. 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 COMPANY, but your entity is a CORPORATION. Please complete and return the enclosed blank form(s).

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.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 019A00018013

2019 SEP 11 AM 11:03

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal Cottages Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N17000002573

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:

Marcia S. Sargent
Name of Contact Person

Coastal Cottages Homeowners Association, Inc.
Firm/Company

1431 Office Coastal Oaks Drive
Address

Fernandina Beach FL 32034
City/State and Zip Code

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

For further information concerning this matter, please call:

Marcia S. Sargent at (504) 256-0020
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

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 Cottages Homeowners Association, Inc.
2. The principal office address: 1431 Off Five Coastal Oaks Drive
Fernandina Beach FL 32034
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/09/2017 Document number: N17000002573

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)

Property Management Systems, Inc.
463499 State Road 200
Julee FL 32097

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

Marcia S. Sargent, President
1431 Coastal Oaks Drive
P.O. Box NOT acceptable
Fernandina Beach FL 32034

2019 SEP 12 PM 3:09

FILED

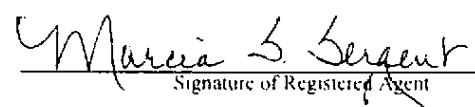
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Alfred Irwin
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

09/06/2019
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