

415 0000003136

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

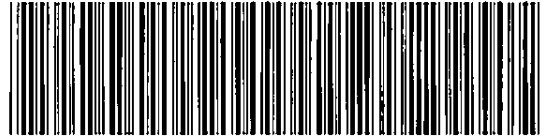
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
MAY - 8 2024

Office Use Only



100427991471

04/22/21 10:11:11 --001 **35.00

FILED
2024 APR 23 PM 12:09
CLERK OF SUPERIOR COURT
JULIA A. HARRIS, CLERK

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal Middle and High School
Name of Corporation

DOCUMENT NUMBER: N18000003136

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:

Lisa Collum

Name of Contact Person

Coastal Middle and High School

Firm/Company

730 5th Street

Address

Lake Park, FL 33403

City/State and Zip Code

lisa@coastalmiddleandhighschool.com

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

For further information concerning this matter, please call:

Lisa Collum

Name of Contact Person

at (561)

875.9208

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 Middle and High School
2. The principal office address: 730 5th Street, Lake Park FL 33403

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 03/16/2018 Document number: N18000003136

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)

WILHELM, ALEXA

10647 SW HENSLEY ST

PORT ST LUCIE, FL 34987

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

HERNANDEZ, ALEXA

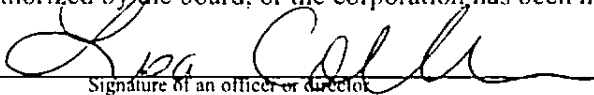
10647 SW HENSLEY ST

P.O. Box NOT acceptable

PORT ST LUCIE, FL 34987

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

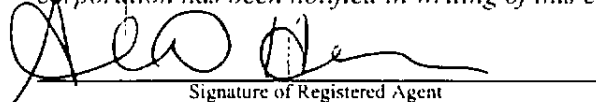
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Lisa Colum

Owner
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

04/03/2024

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 (04/13)

FILED
2024 APR 23 PM 12:09
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS