Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001260683)))



H200001260683ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20078000020

: (813)435-3176

Fax Number

: (813)333-6358

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE GOLD COAST WOODTURNERS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

<u>a sim</u>mons

APR 3 0 2020

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

		9502, 607.1508, or 617.1508, Florida Statutes, this
		ganized under the laws of the State of FLORIDA gistered agent, or both, in the State of Florida.
1. The name of	f the corporation: GOLD COAST WOO	DTURNERS, INC.
2. The principal office address: 3374 SW 180TH WAY MIRAMAR, FL 33029		
3. The mailing	address (if different):	
4. Date of incom	rporation/qualification: 01/01/2020	Document number: N19000012936
5. The name an Florida Depa	d street address of the current registere trument of State: (If resigned, enter resigned,	d agent and registered office on file with the
	HALL JR, CHARLES B	AP
	3374 SW 180TH WAY	29
	MIRAMAR, FL 33029	PH
The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered office
	2202 N. WEST SHORE BLVD. STE 2	00
	P.O. E TAMPA, FLORIDA 33607	Bux NOT acceptable
		et address of the business office of its registered agent,
Such change was	as authorized by resolution duly adopt ne board, or the corporation has been r	ed by its board of directors or by an officer so notified in writing of the change.
Signatur	re of an officer of director	CHARLES B HALL JR
-	1 /	Printed or typed name and title and agree to act in this capacity. Itutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.
		04/28/2020
	and of Registered Agent half of an entity:	Date
NICKOLAS J. SI		
	ped or Printed Name	