P02000003437

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| | | | | |
| (Address) | | | | |
| , | | | | |
| | | | | |
| (Address) | | | | |
| | | | | |
| (City/State/Zip/Phone #) | | | | |
| | | | | |
| PICK-UP WAIT MAIL | | | | |
| | | | | |
| | | | | |
| (Business Entity Name) | | | | |
| | | | | |
| (Document Number) | | | | |
| | | | | |
| Cariffeed Conice | | | | |
| Certified Copies Certificates of Status | | | | |
| | | | | |
| Special Instructions to Filing Officer: | | | | |
| 3 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



900387908139

05/19/22--01016--020 **35.00



Ju

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|---|--|
| | ECT: Coastal Irrigation, Inc. of SWF of Corporation | |
| DOC | UMENT NUMBER: P02000003437 | |
| The er | nclosed Statement of Change of Registered | d Office/Agent and fee are submitted for filing. |
| Please | return all correspondence concerning this | s matter to the following: |
| Thom | as M. Tarsia, Esq. | |
| Name | of Contact Person | |
| Jones, | Haber & Rollings | |
| Firm/0 | Company | |
| 1633 5 | SE 47th Terrace | |
| Addre | SS | |
| Cape (| Coral, Florida 33904 | |
| City/S | tate and Zip Code | |
| | tarsia@joneshaberlaw.com | |
| E-ma | il address: (to be used for future annua | l report notification) |
| | | |
| For fu | rther information concerning this matter, | please call: |
| Sharoi | n Cirillo | at (239) 542-0700 Area Code & Daytime Telephone Number |
| | Name of Contact Person | Area Code & Daytime Telephone Number |
| Enclos | sed is a \$35.00 check made payable to the | Department of State. |
| | Mailing Address: | Street Address: |
| | Mailing Address: Amendment Section | Amendment Section |
| | Division of Corporations | Division of Corporations |
| | P.O. Box 6327 | The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

| statement of cha | provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Florida Statues, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida. | |
|--|--|---|
| 1. The name of | the corporation: Coastal Irrigation, Inc. of SWF | |
| 2. The principal | office address: 208 Waldo Avenue, Lehigh Acres, Florida 33971 | |
| 3. The mailing a | address (if different): | |
| 4. Date of incor | poration/qualification: January 10, 2002 Document number: P02000003437 | |
| 5. The name and | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) | |
| | McGuire Law, P.A. | |
| | 12670 New Brittany Blvd, Suite 101 | |
| | Fort Myers, Florida 33907 | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | |
| | Thomas M. Tarsia, Esq. | |
| | 1633 SE 47th Terrace | |
| | P.O. Box NOT acceptable | |
| | Cape Coral, Florida 33904 | |
| The street address changed will | ess of its registered office and the street address of the business office of its registered agent, be identical. | |
| Such change wa | as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. | |
| 7/4 | Robert E Stainey Jie | > |
| Signatu | re of an officer or director Printed or typed name and title | |
| I further layree of my duties, an document lis bei corporation has | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the s been notified in writing of this change. | |
| _ | nature of Registered Agent / Date | |
| 0 0 | chalf of an entity: THOMAS M. TARSIA | |
| | yped or Printed Name | |
| | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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