

P03000157833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

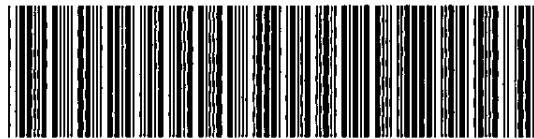
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600126678246

04/30/08--01045--004 **35.00

Lo chy

FILED

08 APR 30 PM 2:25

CLERK OF STATE
TALLAHASSEE, FLORIDA

T. Roberts MAY 10 6 2008

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COAST LINE INSURANCE, INC.
(Name of Corporation)

DOCUMENT NUMBER: P03000157833

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:

ROBERT CRAWFORD
(Name of Contact Person)

COAST LINE INSURANCE, INC.
(Firm/Company)

7145 STATE ROUTE 54
(Address)

NEW PORT RICHEY FL 34653
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT CRAWFORD at (727) 375-7135
(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 FL
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: COAST LINE INSURANCE, INC.
2. The principal office address: 7145 STATE ROUTE 54
NEWPORT RICHEY FL 34653
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/16/2003 Document number: P03000151833

5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State:

ROBERT CRAWFORD
8215 STATE ROUTE 54
NEWPORT RICHEY FL 34655

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

ROBERT CRAWFORD
7145 STATE ROUTE 54
(P.O. Box NOT acceptable)
NEWPORT RICHEY FL 34653

FILED
08 APR 30 PM 2:25
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.

Robert Crawford
(Signature of an officer or director)

ROBERT CRAWFORD 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.

Robert Crawford
(Signature of Registered Agent)

4-5-08
(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 (8/05)