P0500000588

				
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2022 NOV -9 PH 4: 25

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

Phone: 850-558-1500

EXAMINER: ____

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
	the corporation: COASTAL BUSI	·
		llevard, Suite 101, Rockledge, FL 32955
3. The mailing	address (if different):	
4. Date of incor	poration/qualification: January 3, 2	2005 Document number: P05000000588
5. The name an Florida Depa	d street address of the current regist rtment of State: (If resigned, enter r	ered agent and registered office on file with the
	Mensch, Michael	
	3155 Suntree Boulevard, Suite 1	01
	Rockledge	FL 32955
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office 2022 NOV
	Corporation Service Company	NOV ARK
	1201 Hays Street	-9
		P.O. Box NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its registered agents
Such change wa authorized by it	is authorized by resolution duly ad the board, or the corporation has be	lopted by its board of directors or by an officer so en notified in writing of the change.
Wield	sof another or director	MICHAEL MENSCH, CEO
I hereby accept I further agree to of my duties, an document is being corporation has	, ,	nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this
By: Kimben 1	M. Baronia	11/09/2022
Lindsey M. Baroni If signing on bel	e, Assistant Vice President	Date
J 13 411 841	· · · · · · · · · · · · · · · · · · ·	
Ту	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

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

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

statement of cha	ange is submitted for a corpo	1502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this pration organized under the laws of the State of Florida	
		fice or registered agent, or both, in the State of Florida.	
		BUSINESS INTERMEDIARIES, INC.	
2. The principal	office address: 3155 Suntr	ee Boulevard, Suite 101, Rockledge, FL 32955	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: Janu	ary 3, 2005 Document number: P05000000588	
5. The name and	-	t registered agent and registered office on file with the	
	Mensch, Michael		
	3155 Suntree Boulevard,		
	Rockledge	FL 32955 ALLAHA	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		
	Corporation Service Com	pany	
	1201 Hays Street	9.	
	<u></u>	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and be identical.	nd the street address of the business office of its registered agent.	
Such change was authorized by th	is authorized by resolution in board or the comperation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
i el Signatur	egol apoliticer for director	MICHAEL MENSCH CEO	
hereby accept further agree to of my duties, and locument is bein corporation has Corporation	the appointment as register of comply with the provision of I am familiar with and acting filed merely to reflect a configuration of Service Company	red agent and agree to act in this capacity. us of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change.	
By: Trimber 1	n Baronie	11/09/2022	
	e, Assistant Vice President	Date	
f signing on bel	half of an entity:		
l y	rped or Printed Name		

. 3:

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