

PO5000049746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
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C. Coulliette
C.COULLIETTE

SEP - 8 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Coastline Real Estate
(Name of Corporation)

DOCUMENT NUMBER: P05000049746

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:

Robert Stolpmann
(Name of Person)

Florida Coastline Real Estate, INC
(Name of Firm/Company)

2305 Valdavia Street
(Address)

St Augustine FL 32092
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Stolpmann at (904) 412-3213
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

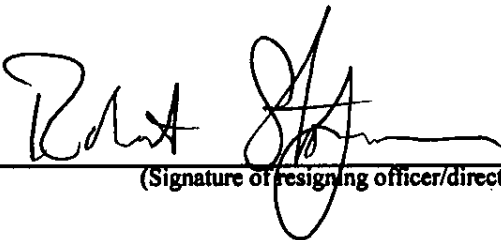
Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Robert Stolpmann, hereby resign as pvst
(Title)

of Florida Coastline Real Estate, INC
(Name of Corporation)

P05000049746, a corporation organized under the laws of the State of
(Document Number, if known)
Florida


(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP -6 PM 3:28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Florida Coastline Real Estate, INC
Name of Corporation

DOCUMENT NUMBER: P05000049746

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:

Dianna Stolpmann
Name of Contact Person

Florida Coastline Real Estate, INC
Firm/Company

2305 Vadalvia Street
Address

St Augustine FL 32092
City/State and Zip Code

dstolpmann@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dianna Stolpmann at (904) 251-4395
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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Florida Coastline Real Estate, INC
2. The principal office address: 2305 Valdavia Street, St Augustine FL 32092
3. The mailing address (if different): _____
4. Date of incorporation/qualification: _____ Document number: P05000049746
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)

Robert Stolpmann

* 2305 Valdavia Street

St Augustine FL 32092

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


* _____

* _____
P.O. Box NOT acceptable

* _____

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

Dianna Stolpmann
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

8/29/2011
Date

If signing on behalf of an entity:

Dianna Stolpmann
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)