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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: COASTAL DISASTER RECOVERY, Inc.
DOCUMENT NUMBER: P0900005403
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:
Stephen Dela Adv Name of Contact Person Capstal Disastel Recovery, The Firm/Company
13051 106 Avenue Address
LARGO, FL 33774 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Stephen Elghdo at (727) 647 - 234 Name of Contact Person at (727) 647 - 234 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 Horda.
1. The name of the corporation: Coastal DISASTER RECOVERY TINC.
2. The principal office address: 1305) 106 Avenue, LARGO, FI 33774
3. The mailing address (if different):
4. Date of incorporation/qualification: 01/16/2009 Document number: 4000005403
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)
Dolando, Stephen J.
aug Port Par
ODESSA , FI 33556
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Delapho, Stephen J.
139051 100 Avenue
P.O. Box NOT acceptable
170, FC 55114
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 of director Signature of an officer of director Printed or typed name and talle
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 confirmthat the corporation has been notified in writing of this change.
Signature of Registered Agent 12/27/2017
If signing on behalf of an entity:
Typed or Printed Nation

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