

P0900000035403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

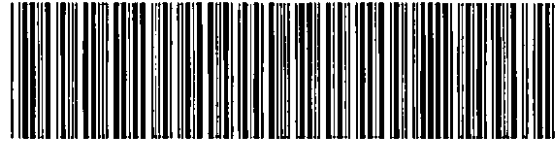
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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S TALLENT
SEP 11 2018

FILED
18 SEP - 7 AM 11:49
CLERK OF DISTRICT COURT

R/HAH



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2018

DELGADO, STEPHEN J.
COASTAL DISASTER RECOVERY, INC.
13851 106TH AVENUE
LARGO, FL 33774

SUBJECT: COASTAL DISASTER RECOVERY, INC.
Ref. Number: P09000005403

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 318A00017251

RECEIVED
18 SEP - 7 PM
TALLAHASSEE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change of registered agent address

Name of Corporation

DOCUMENT NUMBER: P09000005403

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:

DELGADO, STEPHEN J.

Name of Contact Person

COASTAL DISASTER RECOVERY, INC

Firm/Company

16313 ABERDEEN WAY

Address

NAPLES, FLORIDA 34110

City/State and Zip Code

STEVE@QCI-ONLINE.COM ✓

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN J. DELGADO

Name of Contact Person

at (727) 647-2341

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: COASTAL DISASTER RECOVERY, INC.
2. The principal office address: 16313 ABERDEEN WAY NAPLES, FL. 34110
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/16/2009 Document number: P09000005403
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)

STEPHEN J. DELGADO

13851 106TH AVENUE

LARGO, FL. 33774

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

STEPHEN J. DELGADO

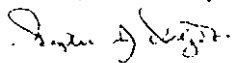
16313 ABERDEEN WAY

P.O. Box NOT acceptable

NAPLES, FLORIDA 34110

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.

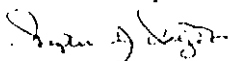


Signature of an officer or director

STEPHEN J. DELGADO / PRESIDENT

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

08/15/2018

Date

If signing on behalf of an entity:

Typed or Printed Name

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