## R1300005930

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ALLAHASSEE, FLORI

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M. WHITE



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

November 22, 2013

ROBERT PATE

10854 EGRET POINTE LANE WEST PALM BEACH, FL 33412

Ref. Number: 300253853423

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

We can find no record of the entity named in your document. If this is the correct name, please provide us with the document number, or any other documentation supporting that this entity is registered with the Division of Corporations.

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.

Rebekah White Regulatory Specialist II

Letter Number: 613A00027052

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## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: COAST TO COAST STONE SCALERS INC.  Name of Corporation			
DOCUMENT NUMBER: 46 - 224 826 7			
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:			
RUSERT PATE  Name of Contact Person			
Name of Contact Person			
COAST TO COAST STONG SCALENS INC.			
10854 EGRET POINTE LAWE			
WEST PALM BEACH FEL. 33412 City/State and Zip Code			
City/State and Zip Code  RPATE 0013 @ AOL. Cum			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Robert Parts at (561) 603-3062  Name of Contact Person Area Code & Daytime Telephone Number			
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  Street Address:  Amendment Section			
Division of Corporations Division of Corporations			
P.O. Box 6327 Clifton Building			
Tallahassee, FL 32314 2661 Executive Center Circle			

Tallahassee, FL 32301

CR2E045 (03/12)

## 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
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: COAST TO COAST STONE SEACENS INC.  2. The principal office address: 10854 EGRET POINTS LANG
2. The principal office address: 19854 EGRET Mounts LANE
3. The mailing address (if different):
P-13000005930
4. Date of incorporation/qualification: 1-13-13 Document number:
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)
THE COMPANY COAPORATION
2711 CENTERVILLE RO.
2711 CENTERVILLE RO. WILMINGTON DE. 19808
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ROBERT PATE
1854 EGRET POINTS CAUE
1-854 EGRET POINTE CAUE  P.O. Box NOT acceptable  WEST PARM BOACH, FL 33412
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 Printed or typed statue
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 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 (03/12)