P15000090605

(Re	questor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
		MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	J. HC DCT	DRNE 31202

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TO: Amendment Section Division of Corporations

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SUBJECT: Get Coastal Exteriors. Inc. Name of Corporation

DOCUMENT NUMBER: P15000090605

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:

Michael Shetlin	
Name of Contact Person	
Get Coastal Exteriors, Inc.	
Firm/Company	
4708 Lena Road	
Address	
Bradenton, FL 34211	
City/State and Zip Code	
Mike@getcoastalexteriors.com	
E-mail address: (to be used for future annual report not	tificati

For further information concerning this matter, please call:

Michael Sheflin	at (941	417-2521
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 ړ

CR2E045 (04/13)

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 t	he corporation: Get Coastal Exteriors, Inc.		
2. The principal	office address: 4708 Lena Road, Bradenton, FL 34211		
	ddress (if different):		-
4. Date of incorp	poration/qualification: 11/05/2015 Document number: P1500009060:	; 	-
5. The name and Florida Depar	street address of the current registered agent and registered office on file with the timent of State: (If resigned, enter resigned)	le	
	MARTELL, MATTHEW Z, ESQ., LAW OFFICES OF MATTHEW Z MARTE		
	9040 TOWN CENTER PARKWAY, STE 111-B & C	7	
	LAKEWOOD RANCH, FL 34202	SECR	.
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office	2022 JUL 27 P	
	Michael P. Sheflin	<u></u>	Ū
	4708 Lena Road	PH 3: 06	
	P.O. Box NOT acceptable		
	Bradenton, FL 34211		

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.

eflin Printed or typed name and tille

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.

<u></u>

If signing on behalf of an entity:

Evped or Printed Name

ied Agent

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314