

P160000034459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

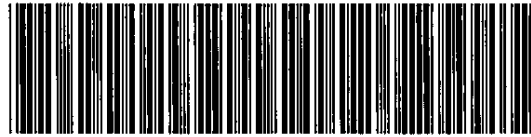
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300297550943

04/07/17--01019--007 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 APR 21 PM 2:28

FILED

RA/RO/chg

APR 21 2017

1 ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal Prefab, Inc.
Name of Corporation

P16000034459

DOCUMENT NUMBER: _____

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:

Kevin L. Rea

Name of Contact Person

Coastal Prefab, Inc.

Firm/Company

1919 Trade Center way

Address

Naples, FL 34109

City/State and Zip Code

kevin@coastalprefabinc.com

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

For further information concerning this matter, please call:

Kevin L. Rea

239

398-2177

at (_____)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 10, 2017

KEVIN L. REA
COASTAL PREFAB INC
1919 TRADE CENTER WAY
NAPLES, FL 34109

SUBJECT: COASTAL PREFAB INC.
Ref. Number: P16000034459

4/17/17
Please see
correction
Kevin
239-598-9592

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

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.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 917A00006819

RECEIVED
17 APR 21 PM 1:02
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**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 Prefab, Inc.
2. The principal office address: 1919 Trade Center Way, Naples FL 34109
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4-15-2016 Document number: P16000034459

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)

HOLMES KURNIK PA

711 5TH AVENUE SOUTH STE. 200

NAPLES, FL 34102

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

Kevin L. Rea

1919 Trade Center Way, Suite 1

Naples, FL 34109

P.O. Box NOT acceptable

FILED
2017 APR 21 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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]
Signature of an officer or director

Kevin L. Rea, VP
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]
Signature of Registered Agent

4-4-17
Date

If signing on behalf of an entity:

Kevin L. Rea
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