

P160000091591

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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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# *Battaglia, Ross, Dicus & McQuaid, P.A.*

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*+++ L.L.M. Taxation*

October 31, 2017

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

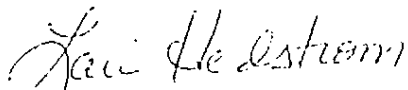
**RE: Gulf Coast Canna Meds, Inc.**  
**Document Number: P16000091591**

Enclosed please find a Statement of Change of Registered Office/Agent together with a check payable to Division of Corporations for \$35.00 that represents the filing fee.

Please return all correspondence concerning this matter to the undersigned. The email to be used for future annual report notifications is [hrross@brdwlaw.com](mailto:hrross@brdwlaw.com).

Should you have any questions or concerns regarding this matter, please do not hesitate to contact me.

Sincerely,



Lori Hedstrom, FRP  
Florida Registered Paralegal to  
Howard P. Ross, Esq.  
[lheds@brdwlaw.com](mailto:lheds@brdwlaw.com)

/lah  
Encl.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2017

BATTAGLIA ROSS ET AL  
% LORI HEDSTROM, FRP  
5858 CENTRAL AVE - STE. A  
ST. PETERSBURG, FL 33707

SUBJECT: GULF COAST CANNA MEDS, INC.  
Ref. Number: P16000091591

We have received your document for GULF COAST CANNA MEDS, 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):

You failed to make the correction(s) requested in our previous letter.

Please correct the new registered agent name so that it match our records.

THE NAME ON FILE IS RESIDENT AGENT CORPORATION OF PINELLAS COUNTY.

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: 017A00023113



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 3, 2017

BATTAGLIA, ROSS, ET AL  
% LORI HEDSTROM, FRP  
5858 CENTRAL AVE - STE. A  
ST. PETERSBURG, FL 33707

SUBJECT: GULF COAST CANNA MEDS, INC.  
Ref. Number: P16000091591

We have received your document for GULF COAST CANNA MEDS, 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):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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: 117A00022330

**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: Gulf Coast Canna Meds, Inc.
2. The principal office address: 135 108th Avenue  
Treasure Island, Florida 33706
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 11/14/2016 Document number: P16000091591
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)

David Kotler

54 SW Boca Raton Boulevard

Boca Raton, Florida 33432

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

RESIDENT Agent Corporation of Pinellas County

5858 Central Avenue, Suite A

P.O. Box NOT acceptable

St. Petersburg, Florida 33707

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.

David Kotler  
Signature of an officer or director

DAVID KOTLER - SECRETARY / TREASURER  
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.*

Howard P. Rose President  
Signature of Registered Agent

10-31-2017  
Date

If signing on behalf of an entity:

Howard P. Rose President  
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)

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