

P18000045891

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coastal Vein and Vascular Specialists, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P18000045891

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:

**Christopher W. Boyes, M.D.**

Name of Contact Person

Coastal Vein and Vascular Specialists, Inc.

Firm/Company

**3401 PGA Boulevard, Suite 325**

Address

**Palm Beach Gardens, FL 33410**

City/State and Zip Code

**cwboyes@yahoo.com**

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

For further information concerning this matter, please call:

**Christopher W. Boyes, M.D. 561 295-4110**

Name of Contact Person

at ( ) 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 Vein and Vascular Specialists, Inc.
2. The principal office address: 3401 PGA Boulevard, Suite 325  
Palm Beach Gardens, FL 33410
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/17/2018 Document number: P18000045891

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)

Christopher Boyes  
3300 PGA Boulevard, Suite 600  
Palm Beach Gardens, FL 33410

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

Christopher W. Boyes, M.D.  
3401 PGA Boulevard, Suite 325  
P.O. Box NOT acceptable  
Palm Beach Gardens, FL 33410

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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 of officer or director

Christopher W. Boyes, M.D., 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

12/10/2018  
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)