P1800045891

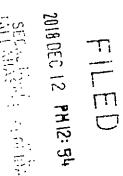
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COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: Coastal Vein and Vascular Specialists, Inc. Name of Corporation 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 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. at 561 295-4110

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

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Street Address:

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	•		07.1508, or 617.1508, Flori Lunder the laws of the State	
in order	r to change its regist	ered office or registered	l agent, or both, in the State	of Florida.
			scular Specialists,	Inc.
	office address: 340 ach Gardens, f	1 PGA Boulevan L 33410	d, Suite 325	
3. The mailing a	ddress (if different):			
4. Date of incorporation/qualification: 5/17/2018 Document number: P18				3000045891
		current registered agen signed, enter resigned)	t and registered office on fil	e with the
	Christopher	Boyes		
	3300 PGA Bo	ulevard, Suite 60	0	
	Palm Beach G	Sardens, FL 3341	10	_ ~
6. The name and (if changed):	street address of the	new registered agent (i	f changed) and /or registered	d office 12
	Christopher W	/. Boyes, M.D.		_ 2 7
	3401 PGA Bo	ulevard, Suite 32		_ # C
	Palm Beach G	۱۰۵. هم ۱۸۵۳ ×۰۰۰ Sardens, FL 3341	•	PH 12: 54
The street address changed will	ess of its registered of be identical.	ffice and the street add	ress of the business office of	of its registered agent,
			its board of directors or by d in writing of the change.	
	11/1	<u> </u>	hristopher W. Boyes, N	
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	to comply with the pi	rovisions of all statutes familiar with and accer	Printed or typed using iteree to act in this capacity. relative to the proper and to the obligation of my position of the capacity in the registered of this change.	complete ition as registered office address, I
If signing on be	half of an entity:			
т,	ped or Printed Name			

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