

P180000 79324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

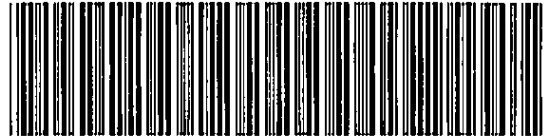
(Document Number)

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STATE OF FLORIDA  
TALLAHASSEE, FL

SEP 30 2019  
U.S.

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** COASTAL FLAVORS COMPANY INC.  
Name of Corporation

**DOCUMENT NUMBER:** P18000079324

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:

Carlos R Rodriguez  
Name of Contact Person

COASTAL FLAVORS COMPANY INC.  
Firm/Company

2400 S Ocean Dr Apt V623  
Address

Fort Pierce, FL 34949  
City/State and Zip Code

Carlos727@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos R Rodriguez at ( ) 201-875-7277  
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

**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 FLAVORS COMPANY INC.
2. The principal office address: 321 79th St Apt 3, North Bergen, NJ 07047
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: Sep. 19, 2018 Document number: P18000079324

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)

Legalinc Corporate Services Inc.

5237 Summerlin Commons, Suite 400

Fort Myers, FL 33907

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

Carlos R Rodriguez

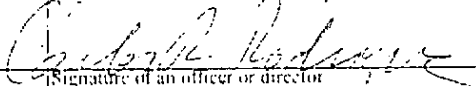
2400 S Ocean Dr Apt V623

P.O. Box NOT acceptable

Fort Pierce, FL 34949

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

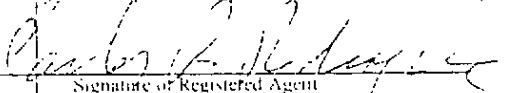
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Carlos R Rodriguez, 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

9/12/19

Date

If signing on behalf of an entity:

Carlos R Rodriguez

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