

PI9 000010600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

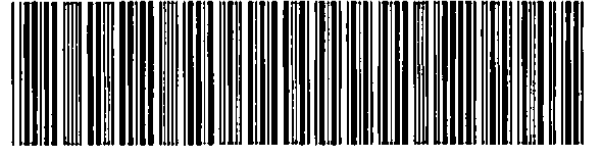
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
OF ARIZONA

2021 SEP -2 PM12 52

FILED

SEP 14 2021

A RAMSEY

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal ICF Construction, Inc
Name of Corporation

DOCUMENT NUMBER: P19000010600

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:

Douglas S Anderson

Name of Contact Person

Coastal ICF Construction, Inc

Firm/Company

791 San Christopher Dr Ste B

Address

Dunedin, FL 34698

City/State and Zip Code

doug@coastaliefconstruction.com

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

For further information concerning this matter, please call:

Douglas S Anderson

at (

727

733-6200

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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 ICF Construction, Inc
2. The principal office address: 791 San Christopher Drive, Ste B, Dunedin, FL 34698

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 01/30/2019 Document number: P19000010600

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)

Douglas S Anderson

108 Louisiana Lane

Port St Joe, FL 32456

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

Douglas S Anderson

791 San Christopher Dr Ste B

P.O. Box NOT acceptable

Dunedin, FL 34698

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SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

Douglas S Anderson

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

August 31, 2021

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 (04/13)