Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000341014 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SMITH HULSEY & BUSEY

Account Number : 075030000653 Phone : (904)359-7700 Fax Number : (904)359-7708

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

drreidy@coastalht.com Email Address:_

REGISTERED AGENT CHANGE COASTAL HAIR TRANSPLANT, P.A.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Y SULKER OCT 0 1 2020

Electronic Filing Menu Corporate Filing Menu

Help

(((H200003410143)))

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

statement of chi	provisions of sections 607,0302, 617,0302 ange is submitted for a corporation organi or to change its registered office or registe	• • • • • • • • • • • • • • • • • • • •
-	5 5 - 5	
1. The name of	the corporation: Coastal Hair Transplant, P.	andina Beach 67 22034
2. The principal	office address: 2334 South 8th Street, Ferna	nume overly to Jacov
3. The mailing o	address (if different): PO Box 15431	
4. Date of incur	poretion/qualification: 03/19/2019	Document number: P19000027525
5. The name and	d street address of the current registered at runent of State: (If resigned, enter resigned	
	Andrew Reidy	
	1252 Harrison Point Trl	N
	Fernandina Beach, FL 32034	000
6. The name and (if changed):	d street address of the new registered agen	t (if changed) and /or registered office
	Smith Hulsey & Busey, Professional Assoc	iation
	One Independent Drive, Suite 3300	·
		NOT acceptable
	Jacksonville, FL 32202	
		ddress of the business office of its registered agent, by its board of directors or by an officer so ified in writing of the change.
MV		Andrew Reidy, President
.*	the applies of director the application as registered agent and to comply with the provisions of all statu of I am familiar with and accept the oblig ing filed merely to reflect a change in the been notified in writing of this change.	rimist of types time and tile agree to act in this capacity, les relative to the proper and complete performance ration of my position as registered agent. Or, if this registered office address, I hereby confirm that the
Stallo	en e	September 29, 2020
/ 8ig	nature of Registered Agent	Date
If signing on be	half of an entity:	
	e, Sr., Vice President	
T	yped 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)