

P19000054087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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NOV 19 2019
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JANUARY 10 2020

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NOV 06 2019

D. CUSHING

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MC COASTAL PARTNERS, INC.
Name of Corporation

DOCUMENT NUMBER: P19000054087

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:

Samantha Jackson

Name of Contact Person

Meriam Corporate Services, Inc.

Firm/Company

PO Box 52588

Address

Mesa AZ 85208

City/State and Zip Code

meriamfinancial@gmail.com

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

For further information concerning this matter, please call:

Samantha Jackson

Name of Contact Person

at (720) 318.8456

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: MC COASTAL PARTNERS, INC.
2. The principal office address: 4519 George Rd Ste 170 Tampa FL 33634

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/27/2019 Document number: P19000054087

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)

MARQUES AIKEN

610 EAST ZACK ST

TAMPA, FL 33602

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

MARQUES AIKEN

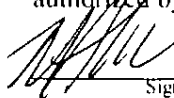
4519 GEORGE RD STE 170

P.O. Box NOT acceptable

TAMPA FL 33634

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.

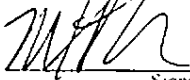


Signature of an officer or director

MARQUES AIKEN, 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

10/15/2019

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)