

P95000 070 281

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(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FL

AUG - 2 2019

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Coast Florida, P.A.  
Name of Corporation

**DOCUMENT NUMBER:** P95000070281

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:

Stephanie Bies  
Name of Contact Person

Coast Dental  
Firm/Company

5706 Benjamin Center Drive, Suite 103  
Address

Tampa, FL 33634  
City/State and Zip Code

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

For further information concerning this matter, please call:

Stephanie Bies at ( 813 ) 288-1999  
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: Coast Florida, PA
2. The principal office address: 5706 Benjamin Center Drive, Suite 103, Tampa, FL 33634
3. The mailing address (if different): Same as Principal Address.
4. Date of incorporation/qualification: 9/12/1995 Document number: P95000070281
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)

NRAI Services, Inc.

1200 South Pine Island Road

Plantation, FL 33324

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

Adam Diasti, DDS

5706 Benjamin Center Drive, Suite 103

P.O. Box NOT acceptable

Tampa, FL 33634

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

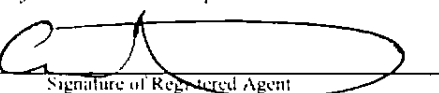
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Adam Diasti, DDS - PD

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

Date

If signing on behalf of an entity:

Adam Diasti, DDS

Typed or Printed Name

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