P97000097100

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
(Oity/State/Zip/Filotie #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE AUG - 3 2022		





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05/27/22--01030--008 **35.00

2022 MAY 27 AM II: 15 SECRETARY OF SIGN

COVER LETTER

TO:

Amendment Section Division of Corporations

Name of Corporation	
DOCUMENT NUMBER: P97000097100	
The enclosed Statement of Change of Registo	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning t	this matter to the following:
Walter Roller	
Name of Contact Person	
Coast To Coast Investment Group, Inc.	
Firm/Company	
5834 Cinzano Ct.	
Address	
Naples, FL 34119	
City/State and Zip Code	
walter@waltroller.com	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matte	er, please call:
Walter Roller	at (239)289-1172
Name of Contact Person	at (239)289-1172 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to t	the Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Division of Corporations The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

		617.0502, 607.1508, or 617.1508, Florida Statutes, this in organized under the laws of the State of Florida	
		r registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Coast To Coast I	nvestment Group, Inc.	
2. The principal	office address: 5834 Cinzano Ct	Naples FL 34119	
3. The mailing a	address (if different): P.O. Box 36	9, Marco Island, FL 34119	
		7 Document number: P97000097100	
5. The name and Florida Depar	d street address of the current regi rtment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Walter Roller		
14827 Edgewater Cir.			
	Naples, FL 34114	ZI HA	
6. The name and (if changed):		red agent (if changed) and /or registered office	
	Walter Roller		
	5834 Cinzano Ct.	5	
	P.O. Box NOT acceptable		
	Naples, FL 34119		
The street addreas changed will	ess of its registered office and the be identical.	e street address of the business office of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly ne board, or the corporation has l	adopted by its board of directors or by an officer so been notified in writing of the change.	
W.	Welle	Walter Roller, VP	
•	re of an officer or director	Printed or typed name and life	
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of ad I am familiar with and accept ng filed merely to reflect a chan s been notified in writing of this	gent and agree to act in this capacity, all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address, I hereby confirm that the change.	
	Moller	05/23/2022	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Walter Roller			
T	yped or Printed Name	-	

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