P99 000 10860Z

(Requestor's Name)	
(Address)	90035654
(Address)	3003303-
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	12/18/200101
(Business Entity Name)	12.10/20 0101
(Document Number)	
Certified Copies Certificates of Status	
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COVER LETTER

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fice/Agent and fee are submitted for filing.
tter to the following:

ort notification)
e call:
at (775)813-3137
at (775)813-3137 Area Code & Daytime Telephone Number
artment of State.
Street Address: Amendment Section
Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

	-	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida
-	-	egistered agent, or both, in the State of Florida.
1. The name of	the corporation: Coastal Carpet Inc.	
2. The principal	office address: 3200 26th. St. N. St. F	etersburg, Florida 33713
3. The mailing	address (if different): P.O. Box 53033	6 St. Petersburg, Florida 33747
	poration/qualification: 01-01-2000	
	d street address of the current registe rtment of State: (If resigned, enter re	red agent and registered office on file with the signed)
	Hanson, Peter J.	
	6420 Central Ave.	
	St. Petersburg, Florida 33707	
6. The name an (if changed):	d street address of the new registered	agent (if changed) and /or registered office
	Melby, Robert M.	
	6420 Central Ave	
	P.	O. Box NOT acceptable
	St. Petersburg, Florida 33707	
The street addr as changed will	ess of its registered office and the state of its registered office and the state of the state o	treet address of the business office of its registered agen
Such change wanthorized by the	as authorized by resolution duly ad- he board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.
trans	P. B = 2 . D = .	Frank P. Beaulieu
-	are of an officer or director	Printed or typed name and title
		nt and agree to act in this capacity, statutes relative to the proper and complete performan obligation of my position as registered agent. Or, if th in the registered office address, I hereby confirm that th unge.
Pahon	nuller	12/11/2020
Sig	mature of Registated Agent	Date
If signing on be	chalf of an entity:	
RUBER	ET M. MECBY	
	yped or Printed Name	

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