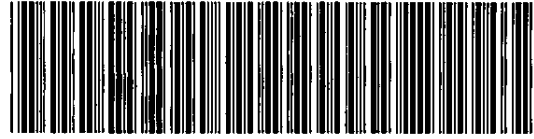


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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Coastal Windows & Doors, Inc.
Name of Corporation

DOCUMENT NUMBER: P98000083199

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:

Michael B. Stevens, Esq.
Name of Contact Person

Derrevere, Hawkes, Black & Cozad
Firm/Company

2005 Vista Parkway, Suite 210
Address

West Palm Beach, Florida 33411
City/State and Zip Code

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

For further information concerning this matter, please call:

Michael Stevens at (561) 6843222
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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10 OCT 18 AM 8:23

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TALLAHASSEE, FLORIDA

September 21, 2010

MICHAEL STEVENS
2005 VISTA PKWY., STE 210
WEST PALM BCH, FL 33411

SUBJECT: COASTAL WINDOWS & DOORS, INC.
Ref. Number: P98000083199

We have received your document for COASTAL WINDOWS & DOORS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

The document must contain the name and capacity of the person signing on behalf of the new registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6916.

Carol Mustain
Regulatory Specialist II

Letter Number: 110A00022479

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: Coastal Windows & Doors, Inc.
- 2. The principal office address: 8300 Resource Road
West Palm Beach, Florida 33404
- 3. The mailing address (if different): 8300 Resource Road
West Palm Beach, Florida 33404
- 4. Date of incorporation/qualification: 9/24/1998 Document number: P98000083199
- 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)

BROOME, WILLIAM R. H. ESQ.
1818 SOUTH AUSTRALIAN AVENUE, SUITE 202
WEST PALM BEACH FL 33409 US

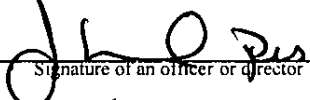
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 TALLAHASSEE, FLORIDA

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

~~Derrevere, Hawkes, Black & Cozad~~ Jon D. Derrevere
2005 Vista Parkway, Suite 210
P.O. Box NOT acceptable
West Palm Beach, Florida 33411

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

James Fullwood, 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

9/9/2010
 Date

If signing on behalf of an entity:
Derrevere, Hawkes, Black & Cozad
 Typed or Printed Name

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