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May

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: EMCKALD CUAST FATERPRISES /NCORP, Name of Corporation
DOCUMENT NUMBER: P010005 19943
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:
GReg Smith Name of Contact Person
Name of Contact Person
EMERALD COAST GNTERPRISES INCURP. Firm/Company
P. 0 Box 18008 Address
PAMAMA CITY BEACH FL 32417 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CReg SM177+ at 770,579 1049 Name of Contact Person Area Code & Daytime Telephone Number
y

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

CR2E045 (8/05)

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 Horida
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Emerald Cosst Enterprises, Inc.
2. The principal office address: 79/3: MCEUVEY RD
PANAMA CITY BEACH PL 32408 PA
3. The mailing address (if different): P. U Box 18008
Promot City Beach PL 32417 The 2 M
4. Date of incorporation/qualification: 2/23/01 Document number: PU1000349343
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)
MARK DREYER YOU
747 JEMIS AVE Note
PANAMA CITY FL 32401 MALLING
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
GREG SMITH 11.0 Bex 180
1124 REDFISH CIRCLE BLACK TE
Primar CITY BEACH FL32408 / 32417
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.
GRC9 SMITH PRCSIDENT 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:
Typed or Printed Name
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 (8/05)