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PICK-UP WAIT MAIL
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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: First Coast Supply, Inc. Name of Corporation
DOCUMENT NUMBER: G20510
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:
Arnold D. Tritt, Jr.
Name of Contact Person
Tritt & Associates, P.A.
Firm/Company
707 Peninsular Place
Address
Jacksonville, FL 32204
City/State and Zip Code
arnold.tritt@atritt.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Arnold D. Tritt, JR.  Name of Contact Person  at (904 ) 354-5200  Area Code & Daytime Telephone Number
The doct to buy time releptions it amount
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address:  Amendment Section  Street Address:  Amendment Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

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

	provisions of sections 607.0502, 617.0502, 607. tage is submitted for a corporation organized wi			, this		
	r to change its registered office or registered ag					
	the corporation: First Coast Supply, Inc.		<b>-</b>			
1. The name of t	office address: 6860 Phillips Industrial	Blvd Jacksonv	ille El 32	256		-
2. The principal	office address:	Diva., Jacksonv	ille, FL 32	.230		-
3. The mailing a	ddress (if different):					<del>-</del> -
4. Date of incor	poration/qualification: 1/26/1983	Document number: G	20510			-
	d street address of the current registered agent are timent of State: (If resigned, enter resigned)	nd registered office on	file with the			
	Jerry Snider			200	يعسر	
	1837 Hendricks Avenue		<u>-</u>	MC AS	7 OC1	77
	Jacksonville, FL 32207			TAICY	30	=
6. The name and (if changed):	d street address of the new registered agent (if ch	nanged) and /or registe	ered office	101 33 20, 30, 33,	Hd I:	D
	Arnold D. Tritt, Jr.	·		OF A	သူ	
	707 Peninsular Place					
	P.O. Box NOT acceptab	le	<u></u>			
	Jacksonville, FL 32204					
The street address changed will	ess of its registered office and the street addres be identical.	s of the business offic	ce of its regist	ered agen	t,	
Such change was authorized by the	as authorized by resolution duly adopted by its ne board for the cofporation has been notified i	board of directors or n writing of the chan	by an officer ge.	so		
Sometisti	ure of an officer or director	Printed or typed nam	DRCK	CEO/	our !	ER
I hereby accept I further agree performance of	the appointment as registered agent and agree to comply with the provisions of all statutes re- my duties, and I am familiar with and accept to is document is being filed merely to reflect a ci that the corporation has been notified in writing	e to act in this capaci lative to the proper a the obligation of my r	ity. nd complete position as res	zistered ess, I		
		10/26/17				
Sig	pature of Registered Agent	Date		<del></del>		
If signing on be	half of an entity:					
	yped or Printed Name					

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