

J51317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
401 ANDREWS BLVD
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RA Change
DC

JUL 13 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC COAST ALUMINUM, INC
Name of Corporation

DOCUMENT NUMBER: J51317

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 L GARDNER
Name of Contact Person

ATLANTIC COAST ALUMINUM, INC
Firm/Company

PO BOX 291865
Address

PORT ORANGE, FL 32129
City/State and Zip Code

MANDDGARDNER@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHAEL L GARDNER at (386) 677-2677
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

**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: ATLANTIC COAST ALUMINUM, INC.
2. The principal office address: 618 RUTH ST, PORT ORANGE, FL 32127
3. The mailing address (if different): PO BOX 291865, PORT ORANGE, FL 32129
4. Date of incorporation/qualification: 01/07/1987 Document number: J51317
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)

MICHAEL L GARDNER

21 SUNSHINE BL

ORMOND BEACH, FL 32174

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

MICHAEL L GARDNER

618 RUTH ST

P.O. Box NOT acceptable

PORT ORANGE, FL 32127

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.

Michael L. Gardner
Signature of an officer or director

MICHAEL L GARDNER
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.

Michael L. Gardner
Signature of Registered Agent

7/9/2010
Date

If signing on behalf of an entity:

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)

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10 JUL 12 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FL 32314