L05000122471

(R	equestor's Name)			
(A)	ddress)			
(A	ddress)			
(C	ity/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

DEC 18 2009

EXAMINER

Office Use Only



600163362856

12/17/09--01018--011 **25.00

DEC 17 AM 8: C

COVER LETTER

Division of Corporations				
SUBJECT:	Appraisi	ng The Firs	t Coast LLC	
		mited Liability		
Dear Sir or Madam:				
The enclosed Registered	Agent/Registered Of	ffice Change a	nd fee(s) are submitted for	filing.
Please return all correspo	ndence concerning t	his matter to th	ne following:	
	eth A. Williams ne of Person			
	The First Coast LL n/Company	C .		
	astal Oak Circle		·	
· · · · · · · · · · · · · · · · · · ·	a Beach, FL 3208 Ite and Zip Code	2	·	
kawilliam E-mail address: (to be used	s1@bellsouth.net for future annual report no	tification)		,
For further information c	oncerning this matte	r, please call:		
Kenneth A. \	Villiams	at (<u>904</u>	945-9699	
Name of Pers	on	Are	ea Code & Daytime Telephone Nun	nber
STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Certallahassee, Florida	n ations nter Circle	Regisi Divisi P.O. E	cration Section on of Corporations Box 6327 passee, Florida 32314	
Enclosed is a che	ck for the following	amount:		
\$25 Filing Fee		\$55	Filing Fee & Certified Cop	y

TO: Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company:	Appraising The First Coast LLC
2. (a) Principal office address of limited liability cor	mpany: 120 Coastal Oak Circle
(Note: MUST BE STREET ADDRESS)	Ponte Vedra Beach, FL 32082
(b) Mailing address of limited liability company:	120 Coastal Oak Circle
(Note: MAY BE POST OFFICE BOX)	Ponte Vedra Beach, FL 32082
12-22-2005	L05000122471
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office show	•
Registered Agent:	Kenneth A. Williams
Registered Office Address:	Mike Barbare (resigned)
	120 Coastal Oak Circle Ponte Vedra Beach, FL 32082
(b) Enter name of NEW Registered Agent and/o	or NEW Registered Office address:
NEW Registered Agent:	Kenneth A. Williams
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	120 Coastal Oak Circle
MUST DE L'EURIDA STREET ADDRESS	Ponte Vedra Beach ,FL32082
If the limited liability company is not organized unde confirmed that after the change or changes are made, and the business office of the registered agent will be liability company, it is hereby confirmed that the cha of the members of the limited liability company or as or the operating agreement of the limited liability considered a member of the limited liability considered of a member of a member of a member of a member of the limited of a member of the limited of a member of the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being filed address, I hereby confirm that the limited liability considered the confirmal	the Florida street address of the registered office e identical. Or, in the case of a Florida limited inge(s) was/were authorized by an affirmative vote otherwise provided in the articles of organization inpany.
Signature of Registered Agent	