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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Suncoast Distributing and Service	
(Name of Limited	l Liability Company)
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	atter to the following:
A. Clay Milton, Esq. (Name of Person)	
(Name of Felson)	
Milton & Rhodes, PLLC	
(Firm/Company)	
P.O. Box 1591	
(Address)	
Marianna, FL 32447	
(City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
A. Clay Milton, Esq. at (8	350) 482-2330
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amo	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

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. The name of the limit	ted liability company is:	Suncoast Distr	ibuting and Services,	LLC		·
2. The mailing address	of the limited liability co	ompany is : 12	5 North Vestavia St	reet		<u></u> .
Panama City Beach, FL	32413					·
August 29, 2007		L	_07000088420			
3. Date of filing/registra	ation in Florida	4	Document numb	per		
5. The name of the regis Florida Department of	stered agent and the regis	stered office ac	ddress as shown on	the records o	of the	
·	Orson Spann			•		
		Name		75.	2	
1528 Florida Avenue						
		Address		žŘ	2007 OCT 23	dinastrati
Panama City, FL 32405				ETAF	~	Library od Ministrary
	City,	, State and Zip			ယ်	1
6. The name and addres	s of the new registered a	igent and/or of	fice:	OF STATE SE, Florida	РМ	[T
	Orson Spann	,		92.5 12.5 13.5 13.5 13.5 13.5 13.5 13.5 13.5 13	PM 4: 16	* Total
	125 North Vestavia S	Name		0 2 7	6	
	Florida street addres		OT acceptable)			
	riorida street addres	55 (F.O. DOX 14)	OT acceptable)			
	Panama City Beach,					
	City, S	State and Zip				
confirmed that after the and the business office liability company, it is h of the members of the l	ompany is not organized change or changes are nof the registered agent whereby confirmed that the limited liability company ent of the limited liability.	nade, the Florical will be identical e change(s) was or as otherwise	da street address of l. Or, in the case of as/were authorized	f the registere f a Florida lin by an affirma	ed office nited ative v	ote
(Signature of a member or auth	norized representative of a memb	per)				
A. Clay Milton, Esq. (Printed or typed name of signe	Attorney for Sc	<u>mesast Di</u>	shipming as	Securers, L	رو	
I hereby accept the appropriate and I am familiar with a Chapter 608, F.S. Or, address I hereby confir (Signature of Registered Agents)	pointment as registered a ons of all statules relative and accept the obligation if this document is being munifishe limited liabili	agent and agre ve to the propei ns of my positi filed to merely ity company ha	e to act in this cap r and complete per on as registered as reflect a change i s been notified in	acity. I furthe formance of i ent as provid n the register writing of this	er agre my dut led for led offi s chan	ee to lies, in ice ge.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00