

L080000090413

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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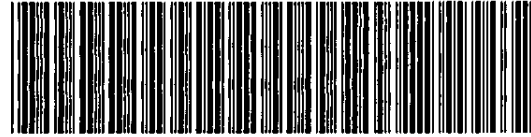
(Business Entity Name)

(Document Number)

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2011 DEC 21 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

DEC 22 2011

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISLAND HOMES OF AMELIA, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHARLES B. JIMERSON  
Name of Person

JIMERSON & COBB, P.A.  
Firm/Company

701 RIVERSIDE PARK PLACE, SUITE 302  
Address

JACKSONVILLE, FL 32204  
City/State and Zip Code

cjimerson@jimersoncobb.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles B. Jimerson at ( 904 ) 807-7679  
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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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**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: Coastal Building Systems Weatherization Divisi

2. (a) Principal office address of limited liability company: 1603 SOUTH 8TH STREET

**(Note: MUST BE STREET ADDRESS)**

AMELIA ISLAND, FL 32034

(b) Mailing address of limited liability company:

P.O. BOX 1509

**(Note: MAY BE POST OFFICE BOX)**

AMELIA, FL 32035

09/23/2008

3. Date of filing/registration in Florida

L08000090413

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

JEFFERY A TOMASSETTI, ESQ.

Registered Office Address:

406 ASH STREET

AMELIA ISLAND, FL 32034

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW** Registered Agent:

CHARLES B. JIMERSON, ESQ.

**NEW** Registered Office Address:

701 RIVERSIDE PARK PLACE

**(MUST BE FLORIDA STREET ADDRESS)**

SUITE 302

JACKSONVILLE, FL 32204

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

K. Alan Killen

Printed or typed name of signer

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**