

04/18/2014 11:37 FAX 4074231831

DEAN MEAD ORLANDO

001

Division of Corporations

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L88008

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOVANO & BOZARTH, P.A.  
Account Number : 076077001702  
Phone : (407) 841-1200  
Fax Number : (407) 423-1831

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
THE ATLANTIC COQUINA CORPORATION

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RE-SEND OF 4/11/14  
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LJH 006887/012588

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Corporate Filing Menu

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@ 4.18.14

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DEAN MEAD ORLANDO  
4/17/2014 9:32:12 AM PAGE

1/001 Fax Server 002



April 17, 2014

FLORIDA DEPARTMENT OF STATE

THE ATLANTIC COQUINA CORPORATION  
800 NORTH MAGNOLIA AVENUE  
SUITE 1500  
ORLANDO, FL 32803

Division of Corporations

2nd notice

SUBJECT: THE ATLANTIC COQUINA CORPORATION  
REF: L88008

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation. NO PREVIOUS LETTER WAS RECEIVED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

FAX Aud. #: H14000087551  
Letter Number: 114A00008246

RECEIVED  
14 APR 17 PM 1:20

1st letter Dated  
4/14/14  
Sent by  
Carolyn  
LeWIS

P.O. BOX 6327 - Tallahassee, Florida 32314

(((H14000087551 3)))

**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: The Atlantic Coquina Corporation
2. The principal office address: 11290 S. Tropical Trail  
Merritt Island, FL 32952
3. The mailing address (if different): 11290 S. Tropical Trail  
Merritt Island, FL 32952
4. Date of incorporation/qualification: 07/18/1990 Document number: L88008
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)

Rex E. Moule, GrayRobinson, P.A.1795 West Nasa BoulevardMelbourne, FL 32901

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

Dean Mead Services, LLC800 N. Magnolia Ave., Suite 1500

P.O. Box NOT acceptable

Orlando, FL 32803

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.

Debra J. Healy  
Signature of an officer or director

Debra J. Healy, Secretary

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.

DEAN MEAD SERVICES, LLC

By: Steven C. Lee

Signature of Registered Agent

4/17/14  
Date

If signing on behalf of an entity:

Steven C. Lee, Vice President

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

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