

N0500000000928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

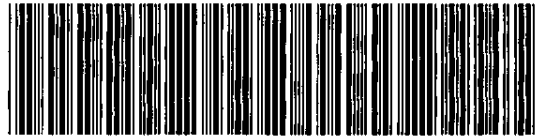
(Business Entity Name)

(Document Number)

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA
10 APR -7 AM 9:55

RA/RD/CHS
@ 4.8.10

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St. Augustine Four Inc.
(Name of Corporation)

DOCUMENT NUMBER: N05000006928

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:

Christopher H White
(Name of Contact Person)

St. Augustine, Four Inc
(Firm/Company)

650 Julia St
(Address)

St. Augustine, Fla (32084)
(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey Nell Howard Thornton at (904) 829-9358
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2010

CHRISTOPHER H. WHITE
THE ST. AUGUSTINE FOUR, INC.
650 JULIA ST.
ST. AUGUSTINE, FL 32084

SUBJECT: THE ST. AUGUSTINE FOUR, INC.
Ref. Number: N05000006928

We have received your document for THE ST. AUGUSTINE FOUR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to list the new registered agent in the space provided on the form.

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) 245-6964.

Irene Albritton
Regulatory Specialist II

Letter Number: 110A00007759

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: THE St. Augustine Four, Inc.
- 2. The principal office address: 151 King Street
- 3. The mailing address (if different): 650 Julia St
St. Augustine, Fla (32084)
- 4. Date of incorporation/qualification: July 7-2005 Document number: N05000006928
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Dorothy L. Bell
249 Charlotte St., St. Augustine, FL 32084-3055

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

Christopher H. White
650 Julia Street
(P.O. Box NOT acceptable)
St. Augustine, Fla 32084

10 APR -7 AM 9:56
 TALLAHASSEE, FL
 STATE DEPARTMENT OF REVENUE

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.

[Signature] (Signature of an officer or director) Andrew New Edward Hamilton - President (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.

Christopher H. White (Signature of Registered Agent) 3-25-10 (Date)

If signing on behalf of an entity:

 (Typed or Printed Name)

*** FILING FEE: \$35.00 ***