P01000058393

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	= #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			





500208261735

07/05/11--01040--026 **245.00

11 JUL -5 AM 9: 23

RAROCH8

COVER LETTER

Amendment Section

TO:

Division of C	orporations			
SUBJECT:	Suncoast Name of	RV, Inc. Corporation		
DOCUMENT NUM	BER: P0°	1000058393		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.				
Please return all corre	spondence concerning this matt	er to the following:		
		Goodwin ontact Person	-	
-	Bre- Firm/C	ezego Company		
_		thside Blvd. dress		
_	Jacksonvill City/State	e, FL 32216 and Zip Code		
- 12	Mike@bre	ezego.com future annual report notification)		
12:	-man address. (to be used for	nature aimuai report notification)		
For further information	on concerning this matter, please	call:		
	Jan Lappan	at (904) 998-406 Area Code & Daytime Telep	66 ext. 231	
Name	of Contact Person	Area Code & Daytime Telep	ohone Number	
Enclosed is a \$35.00	check made payable to the Depa	rtment of State.		
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	r Circle	

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: Suncoast RV, Inc.	
2. The principal office address: 3332 Southside Blvd.	
Jacksonville, FL 32216	
3. The mailing address (if different):	
4. Date of incorporation/qualification: UIID DO Document number: P01000058393	-
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)	
Jan Lappan	
4545 Arrow Wind Lane	
Jacksonville, FL 32258	Ci,
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	0.据较
Michael Goodwin	DAPE
Michael Goodwin 3332 Southside Blvd. P.O. Box NOT acceptable 23	CORPORALLO
P.O. Box NOT acceptable	7
Jacksonville, FL 32216	
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 of an officer or director SALEM ILASSAN 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.	
MM 6-29-2011	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
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