P02000032508

| (R | equestor's Name) | |
|------------------------------|------------------------|-------------|
| | | |
| (A | ddress) | |
| (A | ddress) | |
| (C | ity/State/Zip/Phone #) | |
| PICK-UP | WAIT | MAIL |
| (Be | usiness Entity Name) | |
| (D | ocument Number) | |
| Certified Copies | Certificates o | f Status |
| Special Instructions to Fili | ing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000411829570





CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

1.

| | ACCOUNT NO. | : 120000001 | .95 | | |
|-----------------|--------------------------|---------------|---------|--|--|
| | REFERENCE | : 831779 | 8416005 | | |
| | AUTHORIZATION | Lovelbelle | Ban | | |
| | COST LIMIT | : (\$ 35.00 | | | |
| | Tues 22 2022 | - - | | | |
| ORDER DATE : | June 22, 2023 | | | | |
| ORDER TIME : | 10:33 AM | | | | |
| ORDER NO. : | 831779-013 | | | | |
| CUSTOMER NO: | 8416005 | | | | |
| | | | | | |
| CHANGE OF AGENT | | | | | |
| NAME: | FLORIDA COASTA | AL HOMES, INC | | | |
| PLEASE RETURN | THE FOLLOWING AS | PROOF OF FILI | NG: | | |
| CERTIF | IED COPY STAMPED COPY | | | | |
| CONTACT PERSON | : Eyliena Baker | EXT# | | | |
| | | EXAMINER: | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | mge is submitted for a corporation org | 0502, 607.1508, or 617.1508. Florida Sta ganized under the laws of the State of <u>FL</u> gistered agent, or both, in the State of Flor | <u> </u> |
|---|--|---|--|
| 1. The name of t | the corporation: FLORIDA COASTAL | HOMES, INC. | |
| | office address: 1688 W. HIBISCUS B | | |
| | | | |
| 4. Date of incorp | poration/qualification: 03/25/2002 | Document number: P02000032 | 2508 |
| | I street address of the current registere tment of State: (If resigned, enter resigned) | d agent and registered office on file with gned) | the 2027 |
| | PISCIOTTO, ANDREW P | | |
| | 1688 W. HIBISCUS BLVD. | | 選二 |
| | MELBOURNE, FL 32901 | | SER P |
| 6. The name and (if changed): | | gent (if changed) and /or registered office | 2023 JUL 11 PM 2: 46 MANY OF STATE |
| | Corporation Service Company | | |
| | 1201 Hays Street | | |
| | P.O. Tallahassee | Box NOT acceptable FL 32301 | |
| The street addre | ess of its registered office and the stre be identical. | eet address of the business office of its re | egistered agent. |
| Such change was authorized by th | as authorized by resolution duly adop ne board, or the corporation has been | nted by its board of directors or by an off notified in writing of the change. | ficer so |
| <u> Xie</u> | . E. agni | Jill Cilmi, Vice President | |
| I hereby accept I further agree to of my duties, an document is bei corporation has | ' been notified in writing of this chan | tatutes relative to the proper and compl obligation of my position as registered a the registered office address, I hereby o | ete performance gent. Or, if this confirm that the |
| By: I Inc | Service Company | 07/05/2023 | |
| | nature of Registered Agent | Date | |
| | half of an entity: | | |
| | irby, Asst. Vice President | | |

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