

PO2000116787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

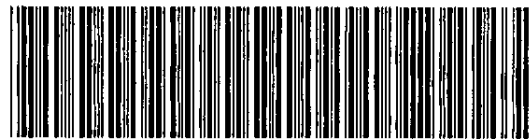
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN 13 PM 4:39

FILED

JAN 13 2014
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 20, 2013

EAST COAST COMMUNICATIONS, INC.
PO BOX 50286
LIGHTHOUSE POINT, FL 33074

SUBJECT: EAST COAST COMMUNICATIONS, INC.
Ref. Number: P02000116787

It has come to our attention through an audit of our records that your entity has improperly designated the address of your registered agent's office.

Florida law requires that an entity designate a street address for the office of the registered agent. The address may be changed by filing the enclosed registered office change form free of charge. Please consider this letter as your 60 days notice that if you do not correct this error by January 21, 2014, your entity will be administratively dissolved. Please send this form back to my personal and confidential attention to ensure the proper filing of this document.

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) 245-6059.

Stacy Prather
Regulatory Specialist III

Letter Number: 613A00026810

COVER LETTER

TO: ~~Amendment Section~~
Division of Corporations

SUBJECT: East Coast Communications
Name of Corporation

DOCUMENT NUMBER: P02000 116787

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:

P02000 116787 Dewage Carter
Name of Contact Person

East Coast Communication
Firm/Company

2450 NE 5th St
Address

Lighthouse Point FL 33064
City/State and Zip Code

dcarter@telcoconsultants.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dewage Carter at (561) 515 4550
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

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: East Coast Communications
2. The principal office address: 2650 NE 50th Street
Lighthouse Point FL 33064
3. The mailing address (if different): PO Box 50286
Lighthouse Point FL 33074
4. Date of incorporation/qualification: Oct 2002 Document number: P02000116787
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)
- _____
- _____
- _____

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

2650 NE 50th Street
P.O. Box NOT acceptable
Lighthouse Point FL 33064

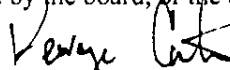
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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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

Dewayne Carter - pres
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.

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
CR2E045 (03/12)