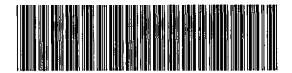
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## **COVER LETTER**

TO:	Amendmen Division of	t Section Corporations		-t#	
SUBJI	ECT:	FIRST COAST PROPI	ERTIES GROUP, INC. f Corporation	<del></del>	
DOCU	JMENT NUI	MBER: P(	03000014482	<del></del>	
The en	closed Stater	nent of Change of Registered Of	fice/Agent and fee are submitted for	filing.	
Please	return all cor	respondence concerning this ma	tter to the following:		
	_	James E	. Farah, Esq.		
	_	Name of	Contact Person		
		The Feed	Lave Firms D.A		
	•	i ne Faran Firm	Law Firm, P.A. /Company	_	
			. ,		
		1506 Prudenti	ial Drive, 2nd Floor		
	•	A	ddress	<del>_</del>	
		Jacksonville Cia-Vinte	e, Florida 32207 e and Zip Code	_	
		City/State	e and Zip Code		
	jim@farahlaw.com				
		E-mail address: (to be used for	or future annual report notification	1)	
For fur	ther informat	tion concerning this matter, pleas	se call:		
	Jan	nes E. Farah, Esq.	at ( 904 ) 73 Area Code & Daytime Tel	31-7809	
***	Nam	ne of Contact Person	Area Code & Daytime Tel	ephone Number	
Enclos	ed is a \$35.0	0 check made payable to the Dep	partment of State.		
		Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ter Circle	

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida
	r to change its registered office or registered agent, or both, in the State of Florida.
	he corporation: FIRST COAST PROPERTIES GROUP, INC.
2. The principal	office address: 11246 Alumni Way, Jacksonville, Florida 32246
3. The mailing a	ddress (if different): P.O. Box 54221, Jacksonville, Florida 32245
4. Date of incorp	poration/qualification:2-6-03Document number:P03000014482
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	Shad Hedy
	11246 Alumni Way
	Jacksonville, Florida 32246
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	The Farah Law Firm, P.A.
	1506 Prudential Drive, 2nd Floor
	P.O. Box NOT acceptable
	Jacksonville, Florida 32207
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	is authorized by resolution duly adopted by its board of directors or by an officer so board, or the corporation has been notified in writing of the change.
Signatur	Shad Hedy, President / Director Printed or typed name and title
I hereby accept I further agree to of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this not filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Jana	8-4-10
If signing on be	half of an entity:
Jan	nes E. Farah, Esq.

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