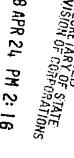
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | · |
| (Ad | dress) | <u> </u> |
| (Cit | ty/State/Zip/Phone | ÷ #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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04/14/08--01016--002 **35.00



COVER LETTER

| Division of Corporations |
|---|
| SUBJECT: Gulf Coast Property Care |
| (Name of Corporation) |
| DOCUMENT NUMBER: P03000049654 |
| 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: |
| Andrew Moore (Name of Contact Person) |
| Gulf Coast Property Care (Firm/Company) |
| 4402-3 E SR 64 (Address) |
| Bradenton Florida 34208 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Andrew Moore at (941 ·) 782 1559 |
| (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

April 16, 2008

ANDREW MOORE GULF COAST PROPERTY CARE, INC. 4402 -3 E SR 64 BRADENTON, FL 34208

SUBJECT: GULF COAST PROPERTY CARE, INC.

Ref. Number: P03000049654

We have received your document for GULF COAST PROPERTY CARE, 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):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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: 908A00022728

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

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of Florida registered agent, or both, in the State of Florida. | l | |
|--|---|---|--|--|
| 1. The name of t | he corporation: Gulf Coast Proper | ty Care | | |
| | office address: 4402-3 E SR 64 B | | | _ |
| 3. The mailing a | ddress (if different): 4402-3 E SR | 64 Bradenton Florida 34208 | | _ |
| 4. Date of incorp | poration/qualification: 5/5/2003 | Document number: P03000049654 | , | |
| | street address of the current regist tment of State: | ered agent and registered office on file with the | | |
| | Andrew Moore | | | |
| | 6150 SR 70 East Bradento | on Florida 34203 | | |
| | | | .80 08 | かガ |
| 6. The name and (if changed): | street address of the new registere | ed agent (if changed) and /or registered office | APR 24 | CONTACTOR OF THE CONTAC |
| | Andrew Moore | | PA | }E |
| 4402-3 E SR 64 Bradenton Florida 34208 | | n Florida 34208 | 2: 1 | ! |
| | (P.O. Box NOT ac | ceptable) | on ₹ | |
| The street addre | ss of its registered office and the be identical. | street address of the business office of its regist | ered agent, | |
| Such change wa authorized by th | s authorized by resolution duly a e board, or the corporation has be | dopted by its board of directors or by an officer een notified in writing of the change. | 'so | |
| (Signatur | WCAO e of an officer of director) | Andrew Moore (Printed or typed name and title) | | |
| I hereby accept | the appointment as registered an | ent and agree to act in this capacity. Il statutes relative to the proper and complete p he obligation of my position as registered agent e in the registered office address, I hereby confi hange. | performance Or, if this irm that the | |
| 1.118 | W/ccC | 4/21/2008 | | |
| | nature/of Registered Agent) | (Date) | | |
| If signing on bel | nait of an entity: | | | |
| (T) | yped or Printed Name) | | | |

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