



## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: BRIAN D. COMBS ARCHITECT INC.  
(Name of Corporation)

DOCUMENT NUMBER: P03000051630

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:

BRIAN COMBS

(Name of Contact Person)

BRIAN D. COMBS ARCHITECT INC.

(Firm/Company)

308 COCONUT GROVE COURT

(Address)

PANAMA CITY BEACH, FL 32407

(City/State and Zip Code)

For further information concerning this matter, please call:

JENNIFER COMBS

(Name of Contact Person)

at ( 850 ) 233-6087

(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

June 20, 2008

BRIAN COMBS  
BRAIN D. COMBS, ARCHITECT INC.  
308 COCONUT GROVE CT  
PANAMA CITY BEACH, FL 32407

SUBJECT: BRIAN D. COMBS, ARCHITECT INC.  
Ref. Number: P03000051630

Upon receipt of your letter and/or check(s) totaling \$35.00, no document was found. Please send your document with any fees due to:

Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6925.

Teresa Brown  
Regulatory Specialist II

Letter Number: 008A00037583

RECEIVED  
2008 AUG -7 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: BRIAN D. COMBS, ARCHITECT INC.  
2. The principal office address: 308 COCONUT GROVE COURT  
PANAMA CITY BEACH FL 32407  
3. The mailing address (if different): —

4. Date of incorporation/qualification: MAY 9, 2003 Document number: P03000051630

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

JENNIFER COMBS  
102 SUNSET CIRCLE  
PANAMA CITY BEACH, FL 32407

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

JENNIFER COMBS  
308 COCONUT GROVE COURT  
(P.O. Box NOT acceptable)  
PANAMA CITY BEACH, FL 32407

FILED  
2008 AUG -7 AM 10:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

B. Combs  
(Signature of an officer or director)

BRIAN COMBS 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.

[Signature]  
(Signature of Registered Agent)

8-6-08  
(Date)

If signing on behalf of an entity:

Jennifer L Combs  
(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 (8/05)