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Division of Corporations

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From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG

Account Number: 072731001155 Phone: (813)253-2020 Fax Number: (813)251-6711 110V -5 PH 2: 42

180V-5 AHII:35

## REGISTERED AGENT CHANGE

WEST COAST DIGITAL INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of c	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statut change is submitted for a corporation organized under the laws of the State of Florid der to change its registered office or registered agent, or both, in the State of Florid	la	_	
1. The name of	of the corporation: West Coast Digital Inc.			
2. The princip	oal office address: 14580 S. Tamiami Trail, Unit F, North Port, FL 34287	<u> </u>		
3. The mailing	g address (if different): 9116 Lazy Lane, Tampa, FL 33614			_
4. Date of ince	corporation/qualification: 6/10/03 Document number. P0300006426	55		_
	and street address of the current registered agent and registered office on file with the partment of State:		<sup>1</sup> 10	
	William C. Frederick	AH	10	
•	10701 Maui Circle	ASS	C+ MON -5	
	Estero, FL 33928		PH	
6. The name a (if changed		MLLAHASSEE, FLORIDA	2: 42	
	David E. Nichols			
	9115 Lazy Lane (P.O. Box NOT acceptable)		•	
	Tampa, FL 33614			
	dress of its registered office and the street address of the business office of its regular be identical.		ent,	
Such change authorized by	was authorized by resolution duly adopted by its board of directors or by an office the corporation has been notified in writing of the change.	cer so		
Millia	William C. Frederick, President  (Printed or types name and true)		_	
I hereby acce	ept the appointment as registered agent and agree to act in this capacity. We to comply with the provisions of all statutes relative to the proper and complete and I am familiar with and accept the obligation of my position as registered age being filed merely to reflect a change in the registered office address, I hereby consider notified in writing of this change.	e perform ent. Or, ij infirm (hûl	ance this the	
2613	(Signature of Registered Agent) (Date)			
	hois a behalf of an entity:			
n/a P	(Typed or Printed Name)			

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

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