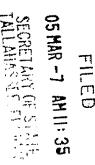
## P03000078564

(Re	questor's Name)	
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RA. Choose

G. Oquillistic MAR 1 1 2005

## **COVER LETTER**

TO: Amendment Section Division of Corporations			
SUBJECT: Gulf Coast Recovery, Inc.			
	(Name of corpora	tion)	•
DOCUMENT NUMBER: P03	0000785	64	
The enclosed Statement of Change of R	degistered Office/Age	nt and fee are submitted for f	iling.
Please return all correspondence concer	ming this matter to the	following:	
Matthew Schwarz			_
· · · · · · · · · · · · · · · · · · ·	(Name of contact p	erson)	-
Gulf Coast Recovery, In			
	(Firm/Company	у)	
145 108th Ave			
	(Address)		_
Treasure Island, Fl	L 33706		
	(City/state and zip	code)	
For further information concerning this	matter, please call:		
Matthew Schwarz	at (	727 367-9662	
(Name of contact person	1)	727 <u>)</u> 367-9662 (Area code & daytime teleph	none number)
Enclosed is a \$35.00 check made payab	le to the Department o	of State.	
Mailing Addre Amendment Sec Division of Cor P.O. Box 6327 Tallahassee, FL	ction porations 32314	Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399	
ase change my	address	as presia	lent also
reasure Island,	FL 337	706	
CR2E045(6/04)	3/3/05	Matthew	SS.

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

statement of ch	e provisions of sections 607.0502, 617.0502, 60 nange is submitted for a corporation organized ler to change its registered office or registered	under the laws of the State of Flori	ida
1. The name of	f the corporation: Gulf Coast Recovery, Inc.		
2. The principa	al office address: 145 108th Ave. Treasure to	Island, FL 33706	
3. The mailing	address (if different): Same		
4. Date of inco	rporation/qualification: 07/17/2003	Document number: P030000785	564
	nd street address of the current registered agent artment of State:	and registered office on file with th	e
	Matthew Schwarz		SEX TALE
	12305 3rd Street East		A A A A A A A A A A A A A A A A A A A
	Treasure Island, FL 33706		SSET 1
6. The name ar (if changed):	nd street address of the new registered agent (if : : : : : : : : : : : : : : : : : : :	changed) and /or registered office	AH 11: 35
	145 108th Ave		
	(P.O. Box NOT acceptable)		
	Treasure Island, FL 33706		
The street added	ress of its registered office and the street addr Il be identical.	ress of the business office of its re	gistered agent,
-	was authorized by resolution duly adopted by the board, or the corporation has been notifie		
		latthew Schwarz, President (Printed or typed name and title)	
I hereby accept I further agree of my duties, a document is be corporation ho	ture of an officer of director)  of the appointment as registered agent and age to comply with the provisions of all statutes and I am familiar with and accept the obligations of filed merely to reflect a change in the regas been notified in writing of this change.  Messignature of Registered Agenty	gree to act in this capacity,	te performance vent. Or, if this onfirm that the
If signing on b	pehalf of an entity		
Matthew Schw	varz, President		
	(Typed or Printed Name)		

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