P03000084472

(Requestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	? #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
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ION SERVICE COMPANY.					
	ACCOUNT NO.	:	072100000032		
	REFERENCE	:			
	AUTHORIZATION	:	Spullolenan		
	COST LIMIT	:	\$ 35.00		
ORDER DATE :					
ORDER TIME :	10:21 AM				
ORDER NO. :	916111-005				
CUSTOMER NO:	7640284				
CHANGE OF AGENT					
NAME.	DENII/C COCTA	T T.T.	IOME INC		
NAME: BEALL'S COSTAL HOME, INC.					
PLEASE RETURN	THE FOLLOWING AS	PR	COOF OF FILING:		
CERTIF					
<u> </u>	BIANTED COLL				
CONTACT PERSON	: Heather Chapma	an	EXT# 2908		
			EXAMINER:		

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

Pursuant to the provisions of section statement of change is submitted for in order to change its region.	r a corporation organi		Florida
1. The name of the corporation: B	EALL'S COAST	AL HOME, INC.	
2. The principal office address: 18	06 38th Avenue	East	
Bradenton, FL 34208			
3. The mailing address (if different)):	<u> </u>	
4. Date of incorporation/qualification	on: 08/01/2003	Document number: P0300	00084472
5. The name and street address of the Florida Department of State:			ith the
Blalock, Land	iers, Walters & V	ogler, P.A.	
802 11th Stree	et West		_ 1
Bradenton, F	L 34205		AECR T
6. The name and street address of the (if changed):	ue new registered agent	t (if changed) and /or registered of	32 m
Corporation S	Service Company		P.F. ST
1201 Hays St			SATE
	(P.O. Box NOT acceptable)		
<u>Tallahassee, I</u>	L 32301		_
The street address of its registered as changed will be identical.	office and the street a	address of the business office of i	ts registered agent,
Such change was authorized by re authorized by the board, or the con	solution duly adopted poration has been not	by its board of directors or by ar ified in writing of the change.	1 officer so
Maure of an officer or director		Maureen Cullen, Attorne	•
I hereby accept the appointment all further agree to comply with the of my duties, and I am familiar will document is being filed merely to a corporation has been notified in when the Corporation Services	th and accept the oblig reflect a change in the riting of this change.	l agree to act in this capacity. tes relative to the proper and con gation of my position as registere registered office address, I here	nplete performance ed agent. Or, if this by confirm that the
BX: Y I whell K.	Kunst	03/09/09	
(Signature of Registered Age	nt)	(Date)	····
If signing on behalf of an entity:			
Michelle R. Vannoy, Assis	tant VP		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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