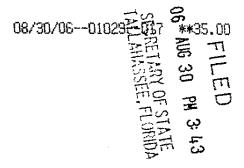
P04000037168

•		
(Requestor's Name)		
•		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
· — — —		
· (Business Entity Name)		
(Document Number)		
Certified CopiesCertificates of Status		
Special Instructions to Filing Officer:		
·		

Office Use Only



300078936853



KHA KAChange

COVER LETTER

Division of Corporations		
SUBJECT: Erin Bryan, Inc. (Name of	Corporation)	
DOCUMENT NUMBER: P04000037168		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this mat	ter to the following:	
G. Alan Howard, Esq.	Contact Person)	
(Ivane of C	Somact i cisony	
Milam Howard Nicandri Dees	s & Gillam, P.A.	
	• •/	
· 14 East Bay Street		
(A	ddress)	
Jacksonville, FL 32202	and Zip Code)	
For further information concerning this matter, pleas	• •	
10 radici information concerning this matter, preas		
G. Alan Howard (Name of Contact Person)	at (904) 357-3660 (Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Dep	artment of State.	
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301	

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

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: Erin Bryan, Inc.
2. The principal office address: 66 Dewees Avenue, Atlantic Beach, FL 32233
3. The mailing address (if different): 66 Dewees Avenue, Atlantic Beach, FL 32233
4. Date of incorporation/qualification: 2/25/04
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Milam Howard Nicandrì Dees & Gillam, P.A.
50 N. Laura Street, Suite 2900
Jacksonville, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Milam Howard Nicandri Dees & Gillam, P.A.
14 East Bay Street
(P.O. Box NOT acceptable) Jacksonville, FL 32202
FIG _ U
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 to authorized by the board, or the corporation has been notified in writing of the change.
(Signature of a Office or dipotor) (Signature of a Office or dipotor) (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.
6.44hdr
(Signature of Registered Agent) (Date)
If signing on behalf of an entity: (Typed or Printed Name)

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