

PO 5000113717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KHA
BACHMANN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Place Realty and Property Management Inc.
(Name of Corporation)

DOCUMENT NUMBER: P05000113717

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:

Maria Morrone
(Name of Contact Person)

First Place Realty and Property Management
(Firm/Company)

420 N. Halifax Ave, Suite 1
(Address)

Daytona Beach FL 32118
(City/State and Zip Code)

For further information concerning this matter, please call:

Maria Morrone at (386) 253 9632
(Name of Contact Person) (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

**FIRST PLACE REALTY
AND PROPERTY MANAGEMENT
420 N. HALIFAX AVE., SUITE 1
DAYTONA BEACH, FL 32118
386/253-9632
386/947-1980 FAX
volusiare@aol.com**

*ck#
1340
enclosed*

September 2, 2006

**Florida Dept. of State
Division of Corporations
Amendment Section
P.O. Box 6327
Tallahassee, FL 32314**

**RE: document #P05000113717
FEI: 203359853**

**Please find enclosed paperwork for our change of address and a check
in the amount of \$35.00.**

**Also, I am the Secretary and I have a new last name as a result of
marriage. Please accept this letter as acknowledgement that my
married name is Maria Morrone.**

**Our Vice Presidents name is Noel Cox and NOT Joel Cox. Please
correct your records. A copy of her license is enclosed.**

Please call or e-mail me if you have any questions.

Thank you for your assistance to this matter.

Maria Morrone
**Maria Morrone
Secretary**

**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: First Place Realty and Property Management Inc.
2. The principal office address: 420 N. Halifax Ave, Suite 1
Daytona Beach, FL 32118
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 8/25/05 Document number: P05000113717
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Anthony Morrone
206 1/2 Seabreeze Blvd.
Daytona Beach, FL 32118

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

Anthony Morrone
420 N. Halifax Ave, Suite 1
(P.O. Box NOT acceptable)
Daytona Beach, FL 32118

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.

Maria Morrone
(Signature of an officer or director)

Maria Morrone, Secretary
(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.

Anthony Morrone
(Signature of Registered Agent)

8/19/06
(Date)

If signing on behalf of an entity:

Anthony Morrone
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF FLORIDA

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION

DIVISION OF REAL ESTATE

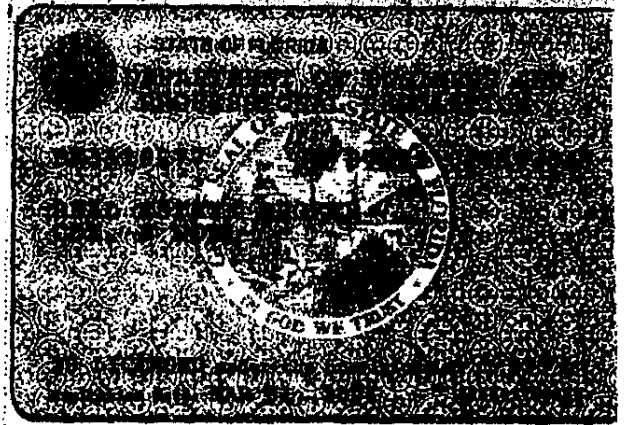
**1940 N. MONROE ST.
TALLAHASSEE**

FL 32399-0783

850-487-1395

**COX, F NOEL
628 ACORN CIRCLE
HILLY HILL**

FL 32117



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