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Coastal Casual & More 208 200 4/2 Scabreeze Blod. Jour Jour Beach, Fi 32118	
. (Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
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SECRETARY OF STATE
ALLAHASSEE, FI ORIGIN

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$\Tilde{STATEMENT}$ 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
1. The name of the corporation: COASTAL CASUAL & MORE, INC
2. The principal office address: 206 SEABREAZE BLVD
DAYTONA BEACH, FL 32114
3. The mailing address (if different): 1335 PALMER DRIVE
ORMOND BEACH FL 32174
4. Date of incorporation/qualification: 7/11/06 Document number: Po600091623
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 EV 0
6. The name and street address of the new registered agent (if changed) and /or registered office
FOTINIE KARAS
1825 PALMER DRIVE (P.O. Box NOT acceptable)
ORMOND BEACH FL. 32174
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.
(Signature of an officer or director) FOTINIE KARAS (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.
x Chrotcuil x 6-30.08 (Signature of Registered Agent) (Date)
If signing on behalf of an entity:
F0
(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 CR2E045 (8/05)