## P07000099090

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(Requestor's Name)	
(Address)	
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,	
(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
<del></del>	
(During Fig. 1)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Consideration to Ellips Office	
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SECRETARY OF STATE
TALL A MASSEE EL GOLD

RA. Charge

C.COULLIETTE

OCT 152008

**EXAMINER** 

## **COVER LETTER**

TO: Amendment Section Division of Corporations		
SUBJECT: East Coast Conciery (Name of Corporation	e Toc	
DOCUMENT NUMBER: <u>P0700099090</u>		
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:		
include retain an estrespondence estrest ming and makes to the tone wing.		
Tay Mamis (Name of Contact Person	on)	
East. Coast Concie	rg+, Inc	
3521 Twisted Trea Lana (Address)		
Jacksonville FL (City/State and Zip Co	32216	
· · · · · · · · · · · · · · · · · · ·		
For further information concerning this matter, please call:		
(Name of Contact Person) at (A)	rea Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.		
Mailing Address:	Street Address:	
Mailing Address: Amendment Section	Amendment Section	
Division of Corporations P.O. Box 6327	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

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 in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: East Coast Concleye, Inc
2. The principal office address: 3521 Twisted Tree Lone  Jacksonville FL 32216
3. The mailing address (if different):
4. Date of incorporation/qualification: 9/4/07 Document number: P07000 99090
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Warren, Jessica
3521 Twisted Thee Lane
Tacksonville FL 32216 PEE &
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
3947 Boulevard Center Drive # 101 70 10
(P.O. Box NOT acceptable)
Jacksonille FL 32207
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)  Jay Morris - President  (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 confoly 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.
5.5. Sams 9/15/08
If signing on behalf of an entity:
Gust 6. Suns, Mbr /Mgr (Typed or Printed Name)

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