

P07000099090

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** East Coast Concierge, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P07000099090

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:

Jay Morris  
Name of Contact Person

East Coast Concierge, Inc.  
Firm/Company

9140 Golfside Dr. Suite 125  
Address

Jacksonville, FL 32256  
City/State and Zip Code

Info@EastCoastConcierge.com  
E-mail address: (to be used for future annual report notification)

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DIVISION OF CORPORATIONS  
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For further information concerning this matter, please call:

Jay Morris at (904) 999-1993  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2017

JAY MORRIS  
EAST COAST CONCIERGE, INC.  
9140 GOLFSIDE DRIVE, SUITE 12S  
JACKSONVILLE, FL 32256

SUBJECT: EAST COAST CONCIERGE, INC.  
Ref. Number: P07000099090

We have received your document for EAST COAST CONCIERGE, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Alien Business Organization, but your entity is a Florida Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 417A00011768

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: East Coast Concierge, Inc.
2. The principal office address: 9140 Golfside dr. Suite 125  
Jacksonville, FL 32250
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 9/4/2007 Document number: P07000099090
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Morris, Jay J  
10151 Deerwood Park Blvd Building 200  
Suite 250 Jacksonville, FL 32250

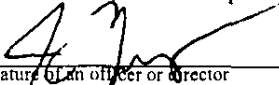
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Morris, Jay J  
9140 Golfside dr. Suite 125  
Jacksonville, FL 32250

P.O. Box NOT acceptable

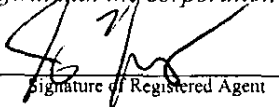
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 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.

  
Signature of Registered Agent

6/21/17  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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 (03/12)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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