

PO8000008764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

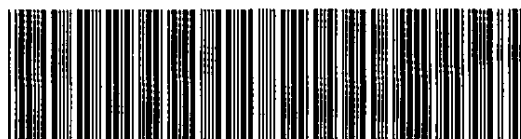
(Document Number)

Certified Copies _____

Certificates of Status _____

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600183634516

*Registered
Address
Change*

08/04/10--01020--011 **35.00

FILED
2010 AUG -4 PM 1:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*MR
8/5/10*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ATLANTIC COAST SURVEYORS INC.
Name of Corporation

DOCUMENT NUMBER: PO8000008764

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:

RANDY ROGERS

Name of Contact Person

ATLANTIC COAST SURVEYORS INC.

Firm/Company

12326 MESA VERDE TRAIL

Address

JAX., FL. 32223

City/State and Zip Code

ATLANTIC COAST @ YAHOO . COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RANDY ROGERS

Name of Contact Person

at (904) 625-2006

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

CR2E045 (8/05)

CHANGE OF ADDRESS ONLY

**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: Atlantic Coast Surveyors Inc.
2. The principal office address: Atlantic Coast Surveyors #170
450 State Rd 13, Suite 106 Jacksonville, FL 32259-3863
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 1-24-08 Document number 1-24-08
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) _____

OLD OFFICE Randolph Rogers owner
12326 MESA VERDE TRAIL
JAX., FL. 32223

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

NEW OFFICE Randolph Rogers owner
ATLANTIC COAST SURVEYORS #170
P.O. Box NOT acceptable
450 STATE ROAD 13, SUITE 106
JAX., FL. 32259 - 3863

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

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

8-2-10

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 (8/05)