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COVER LETTER

TO: Amendment S Division of C			•			
SUBJECT: TR	EASURE COAST SPEC	CIALTY SUPPLY, IN	IC.			
DOCUMENT NUM	BER: P09	000082635				
The enclosed Stateme	ent of Change of Registered Offic	e/Agent and fee are submit	ted for filing.			
Please return all corre	spondence concerning this matte	r to the following:				
		NUESTLING Intact Person				
TREASURE COAST SPECIALTY SUPPLY, INC. Firm/Company						
7652 JACK JAMES DRIVE Address						
STUART, FL 34997 City/State and Zip Code						
KWUESTLING@GMAIL.COM E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	N M. WUESTLING	at (772)	708-1139 me Telephone Number			
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 Se Division of Co Clifton Buildin 2661 Executiv	rporations ng e Center Circle			

the process STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corp	poration organized	07.1508, or 617.1508, Florid under the laws of the State o agent, or both, in the State o	of FLORIDA		
·· ·1. The name of t	he corporation: TREAS	SURE COAST	SPECIALTY SUP	PLY, INC.		
2. The principal office address: 7652 JACK JAMES DRIVE, STUART, FL 34997						
3. The mailing a	ddress (if different): SAM	ME AS FOREGO	OING			
4. Date of incorp	poration/qualification:	10/01/2009	Document number:	P09000082635		
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)						
	KAREN M. WUEST	LING	· 	— \$g -		
	7972 SW JACK JA	MES DRIVE		LLAN O MA		
	STUART, FL 34997	•		FIL MAY 21 URLI ASI LAHASS		
6. The name and (if changed):	street address of the new	registered agent (if	changed) and /or registered	든걸 %		
KAREN M. WUESTLING (*ADDRESS CHANGE)						
7652 JACK JAMES DRIVE						
P.O. Box NOT acceptable STUART, FL 34997						
as changed will	ess of its registered office be identical.	and the street add	ress of the business office			
Such change wa authorized by the	as authorized by resolutione board, or the corporati	on duly adopted by ion has been notifie	its board of directors or by ed in writing of the change.	an officer so		
Have M. Wustling KAREN M. WUESTLING, CEO Signature of an officer or director Frinted or typed name and title						
I hereby accept I further agree of my duties, ar document is be corporation ha	the appointment as registo comply with the provised I am familiar with and ing filed merely to reflect been notified in writing	stered agent and agent of all statutes accept the obligate a change in the reconstruction of this change.	gree to act in this capacity. I relative to the proper and tion of my position as regis Egistered office address, I h	complete performance tered agent. Or, if this ereby confirm that the		
Mulu !	mature of Registered Agent	} -	MAY 17, 2	010		
If signing on be	chalf of an entity:					
	EN M. WUESTLING					

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