P11000000010116

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DIVISION OF CORPORATION

RAROCHS aliliz

COVER LETTER

SUBJECT: COASTAL ALUMINUM, INC. Name of Corporation DOCUMENT NUMBER: P11000010116 The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling.				
Please return all correspondence concerning this matter to the following:				
Kim Stanfield				
Name of Contact Person				
The Hogan Law Firm Firm/Company				
Time Company				
20 So. Broad Street				
Address				
Brooksville, Florida 34601				
Brooksville, Florida 34601 City/State and Zip Code				
kstanfield@hoganlawfirm.com				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Kim Stanfield at (352) 799-8423				
Kim Stanfield at (352) 799-8423 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 Street Address: Amendment Section				
Division of Corporations Division of Corporations				
P.O. Box 6327 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

statement of chang	ovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Floringe is submitted for a corporation organized under the laws of the State to change its registered office or registered agent, or both, in the State	of Florida
1. The name of the	e corporation: COASTAL ALUMINUM, INC.	
2. The principal of	ffice address: 2401 CORPORATE BLVD., BROOKSVILLE,	FL 34604
3. The mailing add	dress (if different):	
4. Date of incorpor	ration/qualification: 01/28/2011 Document number:	P11000010116
5. The name and st	treet address of the current registered agent and registered office on file nent of State: (If resigned, enter resigned)	
<u>v</u>	WOODARD, WILLIAM M.	
2	2401 CORPORATE BLVD.	
<u>_</u>	BROOKSVILLE, FL 34604	
6. The name and st (if changed):	treet address of the new registered agent (if changed) and /or registered	office
<u>T</u>	THE HOGAN LAW FIRM, LLC	
<u>2</u>	20 SO. BROAD STREET	12
В	P.O. Box NOT acceptable BROOKSVILLE, FL 34601	TZ HAY 31
The street address as changed will be	s of its registered office and the street address of the business office of identical.	of its registered agent,
Such change was a authorized by the	authorized by resolution duly adopted by its board of directors or by board, of the corporation has been notified in writing of the change.	v an officer so
,	of an officer or director William M. Woods Printed or typed name a	and title
Thereby accept the further agree to come the further agree to come the function of the function has been as be	e appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my position as regist filed merely to reflect a change in the registered office address, I have een notified in writing of this change.	complete performance ered agent. Or, if this ereby confirm that the
Deley	ure of Registered Agent Date	12
f signing on behal		
Deboral	h Hogan, Manager	
	* * * 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)