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COVER LETTER

Division of Corporations
SUBJECT: Emerald Coast Remodeling and Trim Inchame of Corporation
DOCUMENT NUMBER: P12000050573
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:
Michael Davidson Name of Contact Person
Emerald Coast Remodeling and Trum Inc
4150 Reynosa DY Address
Pensacola Fl 32504 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Michael David 600 at (80 377-081). 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

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

TO:

Amendment Section

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 Horico in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Emera \\ \ Coast Remodelina and 2. The principal office address: 450 Reunosc 3. The mailing address (if different): ______ Document number: P12000505 Date of incorporation/qualification: ____ 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) Pipes, Paul Daniel, Scrretar 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Exercic Coast Remodeling + Trim Inc. 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. 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 fited merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. 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

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