| (Requestor's Name)                      |            |  |
|---|------------|--|
| (Address)                               | 9003367    |  |
| (Address)                               |            |  |
| (City/State/Zip/Phone #)                |            |  |
| PICK-UP WAIT MAIL                       |            |  |
| (Business Entity Name)                  | 11/18/1901 |  |
| (Document Number)                       |            |  |
| Certified Copies Certificates of Status |            |  |
| Special Instructions to Filing Officer: | S TALLEN   |  |
|   | JAH 27:    |  |
|   |            |  |
|   |            |  |

Office Use Only



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2020 JAN 24 PM 5: 00

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December 19, 2019

DOUGLAS K. GRIENEISEN FIRST COAST COMPONENTS INCORPORATED 2468 ALEXIA CIRCLE JACKSONVILLE, FL 32246

SUBJECT: FIRST COAST COMPONENTS INCORPORATED

Ref. Number: P18000098360

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

A COPY OF YOUR ELECTRONIC ARTICLES OF INCORPORATION SHOW THAT THE REGISTERED AGENT OF YOUR ENTITY IS LEGALCORP SOLUTIONS, LLC. PLEASE ADJUST ITEM #5 ACCORDINGLY.

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.

Susan Tallent Regulatory Specialist II

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www.sunbiz.org

DO DOV (0007 M H 1 PL 1 0001

Letter Number: 219A00025840

## **COVER LETTER**

| TO: Amendment Section Division of Corporations          |                         |                           |       |
|---|-------------------------|---------------------------|-------|
| SUBJECT: First Coast Components Inc Name of Corporation |                         |                           |       |
| DOCUMENT NUMBER: P180000098360                          |                         |                           |       |
| The enclosed Statement of Change of Registered          | d Office/Agent and fee  | are submitted for filing. |       |
| Please return all correspondence concerning this        | matter to the following | ig:                       |       |
| Douglas Grieneisen                                      |                         |                           |       |
| Name of Contact Person<br>First Coast Components Inc.   |                         |                           |       |
| Firm/Company<br>2468 Alexia Circle                      |                         |                           |       |
| Address<br>Jacksonville, FL 32246                       |                         |                           |       |
| City/State and Zip Code<br>firstcoastcomponents@yahoo   | o.com                   |                           |       |
| E-mail address: (to be used for future annua            | report notification)    |                           |       |
| For further information concerning this matter, p       | olease call:            |                           |       |
| Douglas Grieneisen                                      | 540<br>at (             | 336-2222                  |       |
| Name of Contact Person                                  | Area Co                 | de & Daytime Telephon     | Numbe |

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha                                      | mge is submitted for a corporati  | 617.0502, 607.1508, or 617.1508, Florida Statutes, on organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.   |   |
|---|---|---|---|
| 1. The name of  | First Coast Com   | ponents Incorporated  |   |
| 2. The principal                                      | office address:   | le; Jacksonville FL 32246   |   |
| 3. The mailing a                                      | ddress (if different):  | Document number: P18000098360   |   |
| 4. Date of incorp                                     | poration/qualification: 12/3/2018                                       | Document number: P18000098300   |   |
|   | d street address of the current regramment of State: (If resigned, ento | gistered agent and registered office on file with the er resigned)  |   |
|   | resigned  |   |   |
|   | LEGALCORP SOLUTION<br>3440 W HOLLYWOOD B<br>HOLLYWOOD, FL. 330          | NS, LLC<br>BLVD. SUITE 415<br>21  | 2020 JAN 24                                   |
| 6. The name and (if changed):                         |   | ered agent (if changed) and /or registered office   |   |
|   | Douglas K Grieneisen  |   | PH 5: 00                                      |
|   | 2468 Alexia Circle  | . •   | 00  |
|   |   | P.O. Box NOT acceptable   |   |
|   | Jacksonville FL 32246   |   |   |
|   |   | he street address of the business office of its regist  |   |
| Such change w<br>authorized by t                      | as authorized by resolution duly<br>he board, or the corporation has    | y adopted by its board of directors or by an officer specified in writing of the change.  | · so  |
| / Bal   | Mari  | Douglas K. Grieneisen, Director   |   |
| 11/1/00   | ne of an officer or director  | Printed or typed name and title   |   |
| I further agree<br>of my duties, ar<br>document is be | to annight with the neariestance  | agent and agree to act in this capacity. If all statutes relative to the proper and complete point the obligation of my position as registered agent If the obligation of my position as registered agent If the registered office address, I hereby confishinge. If the confishing | performance<br>t. Or, if this<br>irm that the |
| [ <i>Vb\\\\</i>                                       | Mm  | January 21, 2020  |   |
| Sig   | nature of Registered Agent  | Date  |   |
| If signing on be                                      | chalf of an entity:   |   |   |
| Douglas K. Grie                                       | rneisen   |   |   |
|   | yped or Printed Name  | <del></del>   |   |

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