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R WATTE

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: First Coast Management Solutions Inc.

Name of Corporation 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: Lee R. Gray Jr. Name of Contact Person First Coast Management Solutions Inc. Firm/Company 4486 Summerwalk Court Jacksonville, Fl. 32258 City/State and Zip Code LRGray@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lee R Gray Jr. Name of Contact Person

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

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orgo or to change its registered office or regis	mized under the laws of the State of <mark>Fl</mark>	orida	
1. The name of (the corporation: First Coast Mana	agement Solutions Inc.		
2. The principal	l office address: 4486 Summerwa ville, Fl. 32258	ilk Court		
3. The mailing a	address (if different): Same		<u> </u>	
4. Date of incorp	poration/qualification: 01/18/2019	Document number: P19000	0008496	
5. The name and	d street address of the current registered atment of State: (If resigned, enter resigned)	agent and registered office on file wit	h the	
	640 Pennsylvania Ave			
	Apt. 12A			
	Miami Beach, Fl. 33139		2019	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	4486 Summerwalk Court		PH - 1	
	Jacksonville, Fl. 32258	OT acceptable	ω	
			usui stared avent	
	cess of its registered office and the stree I be identical.			
Such change w authorized by t	ras authorized by resolution duly adopt the board, or the corporation has been t	ed by its hoard of directors or by an o notified in writing of the change.	fficer so	
Luft	up of an officer or director	Lee R Gray Jr. Pres.		
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.				
Lulin	Instarce of Registered Agent	9/6/2919 Date		
If signing on bo	chalf of an entity:			
Lee R	Gray Jr. Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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