(Re	questor's Name)				
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COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJECT: COASTAL BUILDING SYSTEMS OF AMELIA, INC. Name of Corporation						
DOCUMENT NUMBER: P93000055965						
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:						
CHARLES B. JIMERSON, ESQ. Name of Contact Person						
JIMERSON & COBB, P.A.						
Firm/Company						
701 RIVERSIDE PARK PLACE, SUITE 302 Address						
JACKSONVILLE, FL 32204 City/State and Zip Code						
cjimerson@jimersoncobb.com E-mail address: (to be used for future annual report notification)						
E-mail address. (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Charles B. Jimerson at (904) 389-0050 Name of Contact Person Area Code & Daytime 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 Street Address: Amendment Section						

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

CR2E045 (8/05)

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

statement of cha	ange is submitted for a co	orporation organize	607.1508, or 617.1508, Flo ed under the laws of the Sta d agent, or both, in the Sta	te of Florida
	-		NG SYSTEMS OF , AMELIA ISLAND, FI	
3. The mailing a	address (if different): P.	D. DRAWER 15	509, FERNANDINA BI	EACH, FL 32035
4. Date of incorp	poration/qualification:	08/10/1993	Document number:	P93000055965
	d street address of the current of State: (If resign		nt and registered office on f	file with the
	JEFFREY A. TOM	ASSETTI		
	308 CENTRE STR	EET		
	FERNANDINA BE	ACH, FL 32034		
6. The name and (if changed):	d street address of the new	w registered agent (if changed) and /or register	ed office
	CHARLES B. JIME	RSON, ESQ.		' 5
	701 RIVERSIDE P			RPORT S
	JACKSONVILLE, F	P.O. Box NOT ac	cceptable	
The street address changed will	ess of its registered office be identical.	e and the street ad	dress of the business offic	e of its registered agent,
-			y its board of directors or ied in writing of the chang	
ngnate	re of arrothicer of director		K. Alan	Killen
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to reflec s been notified in writin	istered agent and a isions of all statute d accept the obliga et a change in the r g of this change.	agree to act in this capacit es relative to the proper ar stion of my position as reg registered office address, I	ty. id complete performance istered agent. Or, if this Thereby confirm that the
Sid	nature of Registered Agent		11-17-20 Date	<u>//</u>
\mathcal{L}	chalf of an entity:		Jac	
Т	yped 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 CR2E045 (8/05)