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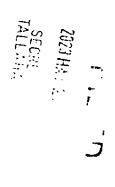
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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Coastal Building Systems of Amelia In Name of Corporation	ne,	
DOCUMENT NUMBER: P93000055965		
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning thi	s matter to the following:	
C. Popham Decunto		
Name of Contact Person		
Durant Schoeppel & Decunto PA		
Firm/Company		
6550 St. Augustine Road, Ste. 105		
Address		
Jacksonville, FL 32217		
City/State and Zip Code		
pdecunto@ds-law.netq		
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matter,	please call:	
C. Popham Decunto	ot 4 904 \(\) 652-26(0)	
Name of Contact Person	at (904) 652-2600 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	e Department of State.	
Mailing Address: Amendment Section	Street Address:	
Division of Corporations	Amendment Section Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	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	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regista	nized under the laws of the State of $\frac{F}{}$	lorida	
1. The name of t	he corporation: Coastal Building Systems	of Amelia Inc.		
	office address: 1603 S. 8th Street			
•	ddress (if different):			
v	poration/qualification: 8/10/93			
5. The name and	street address of the current registered a tment of State: (If resigned, enter resigne	gent and registered office on file wit		
	Jimerson, Charles B. Esq.			
	701 Riverside Park Place - Suite 302			
	Jacksonville, FL 32204			
6. The name and (if changed):	street address of the new registered age	nt (if changed) and /or registered offi	2023 Hall SECRED TALLEARE	-1,
	Durant Schoeppel & Decunto PA		i,	
	6550 St. Augustine Road, Suite 105		5	:
	P.O. Bo	x NOT acceptable		J
	Jacksonville, FL 32217			_
The street addre	ess of its registered office and the street be identical.	address of the business office of its	registered ag	gent,
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	d by its board of directors or by an optified in writing of the change.	officer so	
		Alan K. Killen		
/Signated	e often of filer of effector	Printed or typed name and titl	e	—
I further agree t of my duties, an document is bei	the appointment as registered agent an o comply with the provisions of all stat d I am familiar with and accept the obl ng filed merely to reflect a change in th been notified in writing of this change.	utes relative to the proper and com igation of my position as registered ie registered office address, I hereb	plete perform lagent. Or, i y confirm tha	ance f this t the
CF		512312023		
Sign	nature of Registered Agent	Date		_
If signing on be	half of an entity:			
C. Popham Decu	nto			
T	sped or Printed Name			
	* * * FILING FI	EE: \$35.00 * * *		

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

CR2E045 (04/13)