P94000037659

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	······································
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SECRETARY OF STATE

DAVID M. ANDREWS

ATTORNEY AT LAW

125 NIX BOAT YARD ROAD ST. AUGUSTINE, FL 32084

TELEPHONE (904) 826-1987

Service Lines

1944 - 1951 - 11

EMAIL andrews@david-m-andrews.com

FAX (904) 826-4236

June 1, 2006

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam:

I enclose a Statement of Change of Registered Office or Registered Agent for the named corporation.

Respectfully yours,

David M. Andrews

DMA/njr/2874 enclosure

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 Florida. in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Gold Coast Tour and Travel, Inc.
2. The principal office address: 551 Carcaba Road, St. Augustine, FL 32084
3. The mailing address (if different): (same)
4. Date of incorporation/qualification: Document number: P9400037659
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Carol Davis
3295 Monument Bay Road
St. Augustine, FL 32092
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Suzi Willis
4511 Wandering Oaks Drive South (P.O. Box NOT acceptable)
Jacksonville, FL 32257
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.
(Signature of an officer or director) ADDREA HOLIDAY (Printed or typed name and title)
I hereby accept the appointment as registered dgent 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.
Suring Ula (Signature of Registered Agent) May 31 2006
If signing on behalf of an entity:
Suri William
(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