

P95000004088

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

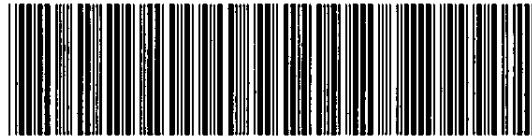
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300158670513

07/24/09--01015--008 **35.00

FILED

2009 JUL 24 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R.A.

TB

JUL 28 2009

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: WEST COAST PROPERTIES, INC.
Name of Corporation

DOCUMENT NUMBER: P95000004088

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:

S.M. DAVID STAMPS, III
Name of Contact Person

S.M. DAVID STAMPS, III P.A.
Firm/Company

805 WEST AZEELE STREET
Address

TAMPA, FLORIDA 33606
City/State and Zip Code

DSTAMPS@STAMPSLAWGROUP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

S.M. DAVID STAMPS, III at (813) 258-0696
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
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**

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: WEST COAST PROPERTIES, INC.
2. The principal office address: 10710 ARROWHEAD LAKE CT.
THONOTOASSA FL 33592
3. The mailing address (if different): P.O. BOX 485
THONONTOSASSA FL 33592
4. Date of incorporation/qualification: 01/17/1995 Document number: P95000004088
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORINNE M. LAWRENCE

10710 ARROWHEAD LAKE CT.

THONOTOASSA FL 33592

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

WAYNE H. LAWRENCE

10710 ARROWHEAD LAKE CT.

P.O. Box NOT acceptable

THONOTOASSA FL 33592

FILED
2009 JUL 24 PM 4:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Wayne H. Lawrence
Signature of an officer or director

WAYNE H. LAWRENCE PSD
Printed or typed name and title

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.

Wayne H. Lawrence
Signature of Registered Agent

7-21-09
Date

If signing on behalf of an entity:

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