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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ECT: First Coast Premier Group, Inc. (Name of Corporation)
DOCE	JMENT NUMBER: P95000016501
The en	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Toni L. O'Brien (Name of Contact Person)
	First Coast Premier Group,Inc. (Firm/Company)
	4348 Southpoint Blvd Suite 201 (Address)
	Jacksonville,Florida 32216
	(City/State and Zip Code)
For fu	rther information concerning this matter, please call:
	Toni L. O'Brien at (904) 596-0352 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclos	sed 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 chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of th	ne corporation: First Coast Premier Group, Inc.
	office address: 4348 Southpoint Blvd., Ste 201, Jacksonville, FL 32216
3. The mailing ac	ddress (if different):
4. Date of incorp	oration/qualification: Document number: P95000016501
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the ment of State:
	Hedrick, Dewberry, Regan & Durant, P.A.
	50 North Laura Street, Suite 1600
	Jacksonville, FL 32202
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	Todd Watson
	7785 Baymeadows Way, Suite 107
	(P.O. Box NOT acceptable) Jacksonville, FL 32256
=	ss of its registered office and the street address of the business office of its registered agent, be identical.
authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so e board, or the corporation has been notified in writing of the change
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance of lam familiar with and accept the obligation of my position as registered agent. Or, if this proper for reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
a	2-01-06
	mature of Registered Agent) (Date) half of an entity:
(T	yped 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 * * *