P96000003923

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SECRETARY OF STATE
ALLAHASSEF FLORMA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 19, 2007

BOB EVANS FLORIDA COAST REALTY, INC. P O BOX 7399 PMB 245 BRECKENRIDGE, CO 80424

SUBJECT: FLORIDA COAST REALTY, INC.

Ref. Number: P96000003923

We have received your document for FLORIDA COAST REALTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6892.

Tina Roberts Regulatory Specialist II

Letter Number: 407A00066382

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TALLAHASSEE, FLORIDA

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

_	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this	
= = = = = = = = = = = = = = = = = = =	inge is submitted for a corporation organized under the laws of the State of or to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the	the corporation: FLORIDA COAST REALTY, INC.	
2. The principal	office address: 0237 QUANDARY ROAD, BREZICE LRIDGE 80474	-,
3. The mailing ac	address (if different): P.O. BOX 7399 PMB 245	
	BRECKENRIDGE, CO 80424	
4. Date of incorp	poration/qualification: 119196 Document number: P9600003923	
	d street address of the current registered agent and registered office on file with the treet that the street address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet address of the current registered agent and registered office on file with the treet agent and registered office on file with the treet agent agent and registered office on file with the treet agent age	
	ROBERT W. EVANS E B I	
	1805 ALHAMBRA ST.	
	NAVARRE, FL 32566	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered of the new registered agent (if changed) and /or registered agent (if changed) are registered agent (if changed) agent (if changed) are registered agent (if	
	ROBERT W. EVANS	
	20. Box 7399 PMB 245 2124 PEB	Ble Deci
	(P.O. Box NOT acceptable)	DR
	BRECKENK. BGE, CO YOUTH NAVAME, FL	-11
The street addre	ess of his registered office and the street address of the odshiess office of its registered agent.	561
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
- tree	ed Was President	
71	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
- Krile	ed Evas 10.25.07	
(Sig	ignature of Registered Agent) (Date)	
If signing on be	chalf of an entity:	
	Typed 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 * * *