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MAR 1 4 2016 C. CARROTHERS

COVER LETTER

Division of Corporations				
_{SUBJECT:} East Coast Plaza, Inc.				
Name of Corpo	pration			
DOCUMENT NUMBER: P97000026523				
The enclosed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.			
Please return all correspondence concerning this matter to	the following:			
Curtis J. Boice				
Name of Contac	Person			
East Coast Plaza, I	nc.			
Firm/Company				
291 S. Yonge Street				
Address				
Ormond Beach, FL 32174				
City/State and Z	ip Code			
bbfastenersupply@bellsoutl E-mail address: (to be used for futur	e annual report notification)			
For further information concerning this matter, please call:				
Curtis J. Boice Name of Contact Person	t (<u>386</u>) <u>673-6299</u> Area Code & Daytime Telephone Number			
Nume of Contact Person	The code & Baytime Perspione Pulmon			
Enclosed is a \$35.00 check made payable to the Department	nt 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 cha	nge is submitted for a corporat	, 617.0502, 607.1508, or 617.1508, Florida Statute. ion organized under the laws of the State of <mark>Florida</mark>	
in order	r to change its registered office	or registered agent, or both, in the State of Florida	
1. The name of t	he corporation: East Coas	t Plaza, Inc.	
2. The principal	office address: 291 S. Yong	ge Street, Ormond Beach, FL 32174	

3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 3/19/1	997 Document number: P97000026	5523
	street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
	Resigned		
			20.1 5.5
,			2016 HAR SECRET
6. The name and (if changed):	street address of the new regis	tered agent (if changed) and /or registered office	MAR -9 RETARY AHASSE
	Curtis J. Boice		
			PH 4: 1
	P.o	D. Box NOT acceptable	\$m -
The street addre	ess of its registered office and t	he street address of the business office of its regis	tered agent,
		y adopted by its board of directors or by an officer	
authorized by th	e board, or the corporation has	been notified in writing of the change.	
	e of an officer or director	Curtis J. Boice, President Printed or typed name and title	
I hereby accept I further agree t performance of agent. Or, if thi	the appointment as registered o comply with the provisions of my duties, and I am familiar was document is being filed mere	agent and agree to act in this capacity, of all statutes relative to the proper and complete ith and accept the obligation of my position as re- ly to reflect a change in the registered office addr notified in writing of this change.	gistered ess, I
Into	1 boin	3/1/16	
	nature of Registered Agent	Date	<u> </u>
If signing on bel	half of an entity:		
Т	rped or Printed Name		

* * * FILING FEE: \$35.00 * * *