

P99000022382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

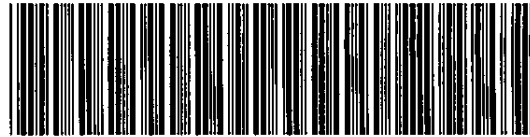
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RA  
change

05/20/14--01001--020 \*\*35.00

FILED  
2014 MAY 20 PM 3:39  
DEPT OF STATE  
TALLAHASSEE, FLORIDA

DR  
RA to change 6/4/14

**TRANSMITTAL LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Sea Coast Rentals, Inc  
(Name of Corporation)

**DOCUMENT NUMBER:** P99000022382

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Norton  
(Name of Person)

Sea Coast Rentals, Inc  
(Name of Firm/Company)

4155 S. Atlantic Ave  
(Address)

new Smyrna Beach, FL. 32169  
(City/State and Zip Code)

For further information concerning this matter, please call:

John Norton at ( 386 ) 428-9044  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Sea Coast Rentals, Inc.
2. The principal office address: 4155 S. Atlantic Ave.  
New Smyrna Beach, Fl. 32169
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 3-5-99 Document number: P99000022382

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)

June Hardee Resigned  
4155 S. Atlantic Ave  
New Smyrna Beach, Fl. 32169

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

John Norton  
4155 S. Atlantic Ave  
P.O. Box NOT acceptable  
New Smyrna Beach, Fl. 32169

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]  
Signature of an officer or director

[Signature]  
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.*

[Signature]  
Signature of Registered Agent

5-5-14  
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

CR2E045 (03/12)

FILED  
MAY 20 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA