P99000023382

(R	requestor's Name)
(A	ddress)
(A	ddress)
(C	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(0	Occument Number)
Certified Copies	Certificates of Status
Special Instructions to	p Filing Officer:

Office Use Only



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Off Din Resign

COVER LETTER

Division of Corporations		
SUBJECT: Sea Coast Rentals, Inc. Name of Corporation		
DOCUMENT NUMBER: P99 0000 22382		
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:		
John Morton Name of Contact Person		
Sea Coast Rentals, Inc		
4155 S. atlantic Ave		
new Smyrna Beach, FL. 32169 City/State and Zip Code		
Seacoast condo a CFL. Fr. Com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tohn Norton at (386) 438-9044 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

OFFICER / DIRECTOR RESIGNATION	
FOR A CORPORATION FILED	
MIL MAY 20 PM 4: 14	
MIA MAT CO	
MIN HAY 20 THE STATE AND THE STATE OF STATE AND A SEE, FLORIDA	
1, June Hardee, hereby resign as Threasurer	
I, June Hardee, hereby resign as threasurer (Title)	_
of Sea Loast Rentals, Inc. (Name of Corporation)	
(Name of Corporation)	٠,
P9900002382 , a corporation organized under the laws of the State of	
(Document Number, if known)	
The ide	
TIO CICAL	

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314