## A FIRST COAST MOVERS P. O. Box 2503 Ponte Vedra, FL 32004-2503 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Walk in Certified Copy ☐ Will wait Mail out Certificate of Status ☐ Photocopy NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger REGISTRATION OTHER FILINGS QUALIFICATION Annual Report Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark . G [] W Other

Examiner's Initials

## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 10, 1996

A FIRST COAST MOVERS P. O. BOX 2503 PONTE VEDRA, FL 32004-2503

SUBJECT: FIRST COAST MOVER'S INC. Ref. Number: S28104

We have received your document for FIRST COAST MOVER'S INC., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$35.00.

If you have any questions concerning this matter, please either respond in writing or call (904) 487-6905.

Letter Number: 896A00055232

Thelma Lewis Corporate Specialist Supervisor

## Florida Department of State, Sandra B. Mortham, Secretary of State

## 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, the undersigned corporation organized under the laws of the State ofFLOCTIA
submits the following statement in order to change its registered office or registered agent, or both, in the
1. The name of the corporation is: First Coast Movers INC.
2. The mailing address of the corporation is: POBOX 2503
ponte vedra Florida 32004 -2503
2. The maining address of the corporation is:    ponte Vedra Florida   32004 - 2503    3. Date of incorporation/qualification:   January 16/1991    4. The name and address of the current registered agent and office:
DANE DELPERSO
71- (0+ 0.00
porte Vedra Francisa 3/2082: 23 PD
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable) $\frac{DANEDELPczzo}{CZZO}$
10042 SAW (ross Drive Wester 20
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.
(Signature of any officer, chairman or vice chairman of the board) (Date)
(Signature of an officer, chairman or vice chairman of the board)  (Date)  DANE DELPEZZO  (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, 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.
// (Signature/of Registered Agent) /2-4-96 (Date)
Esigning on behalf of an entity:
(Typed or Printed Name) (Capacity)
CR2E045(1/95) FILING FEE: \$35,00)