

528104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

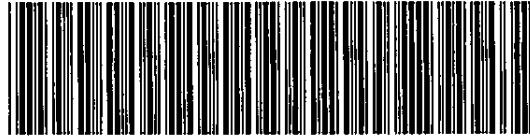
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: First Coast movers inc.  
Name of Corporation

DOCUMENT NUMBER: 528104

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:

DANE DEL Pezzo

Name of Contact Person

First Coast movers inc

Firm/Company

14286 Beach Boulevard Ste 19-185

Address

Jacksonville Florida 32250

City/State and Zip Code

First Coast movers(a) Hotmail. com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANE DEL Pezzo

Name of Contact Person

at ( 904 ) 285 2426

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

CR2E045 (03/12)

Note!

I am changing ONLY the address  
on file from 71 CAT ROAD Ponte Vedra Florida 32082  
to 14525 Beach Blvd. Jacksonville Florida 32250  
For Registered Agent

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIRST COAST MOVERS INC.
2. The principal office address: 14525 BEACH BLVD.  
JACKSONVILLE FLORIDA 32250
3. The mailing address (if different): 14286 BEACH BLVD. SUITE 19-185  
JACKSONVILLE FLORIDA 32250
4. Date of incorporation/qualification: 1-16-91 Document number: 528104
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)

DANE DELPEZZO  
71 CAT ROAD  
PONTE VEDRA FLORIDA 32082

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

DANE DELPEZZO  
14525 BEACH BLVD.  
P.O. Box NOT acceptable  
JACKSONVILLE FLORIDA 32250

15 NOV 30 AM 11:53

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

DANE DELPEZZO *Registered Agent*  
Printed or typed name and title

Such change was authorized by the board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

\_\_\_\_\_  
Signature of an officer or director

\_\_\_\_\_  
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 of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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