530121

(Requ	restor's Name)			
(Address)				
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Mr. or

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT:	SOUTHCOAST PAR			
	(Name of Co	orporation)		
DOCUMENT NUM	BER: \$30121			
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:				
	Jonathan J. Li			
	(Name of Cor	ntact Person)		
Levinson & Lichtman, LLP				
(Firm/Company)				
120 E. Palmetto Park Road, Suite 100				
(Address)				
	Boca Raton, F	FL 33432		
(City/State and Zip Code)				
For further information concerning this matter, please call:				
laantkaa () jahtu		E64 060 3600		
Jonathan J. Lichtman at (561) 869-3600 (Name of Contact Person) (Area Code & Daytime Telephone Number)				
•	•	•		
Enclosed is a \$35.00 check made payable to the Department of State.				
	Mailing Address:	Street Address: Amendment Section		
	Amendment Section			
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building		
	Tallahassee, FL 32314	2661 Executive Center Circle		

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT II FOR CORPORATIONS

•		
	prisions of sections 607.0502, 617.0502, 607.1508, or 617.1508,	
	e is submitted for a corporation organized under the laws of the S o change its registered office or registered agent, or both, in the S	
		•
	corporation: SOUTHCOAST PARTNERS, INC.	
2. The principal of	fice address: 900 E. Atlantic Avenue, Suite 13, Delray Bea	acn, FL 33463
3. The mailing add	ress (if different):	
4. Date of incorpor	ration/qualification: 2/5/91 Document number:	S30121
5. The name and st Fiorida Departm	treet address of the current registered agent and registered office cannot of State:	on file with the
_	William E. Morris, Jr.	
	99 S.E. Mizner Boulevard, #120	
_	Boca Raton, FL 33432	
6. The name and st (if changed):	treet address of the new registered agent (if changed) and /or regis	stered office
	Jonathan J. Lichtman, P.A.	Y IS
_	120 E. Palmetto Park Road, Suite 10	<u>00</u>
	(P.O. Box NOT acceptable)	54 6 D
-	Boca Raton, FL 33432	
The street address as changed will be	of its registered office and the street address of the business of	ffice of its registered agent,
	authorized by resolution duly adopted by its board of directors board, or the corporation has been notified in writing of the ch	
Millian	William E. Morris,	
(Signature		d name and title)
aocument is being	te appointment as registered agent and agree to act in this cape comply with the provisions of all statutes relative to the proper I am familiar with and accept the obligation of my position as a filed merely to reflect a change in the registered office addres gen notified in writing of this change.	acity, rand complete performance registered agent. Or, if this s, I hereby confirm that the
	5/2/06	
(Sigma	hare of Registered Agent) (Dat	e)
If signing on beha	olf of an entity:	
Jonathan J. L	ichtman	·
(Тур	ed or Printed Name)	

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