## 547895

| (Requestor's Name)        |                  |           |  |
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| PICK-UP                   | ■ WAIT           | MAIL      |  |
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| Certified Copies          | Certificates     | of Status |  |
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| Special Instructions to F | filing Officer:  | -         |  |
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08/05/13--01022 -003 \*\*35.00



## COVER LETTER

**TO:** Amendment Section Division of Corporations

SUBJECT: First Coast Moving & Storage Co.

Name of Corporation

DOCUMENT NUMBER: \$47895

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:

Paige Poole Poechmann, Esq.

Name of Contact Person

Poole & Poole, P.A.

Firm/Company

303 Centre St., Ste. 200

Address

Fernandina Beach, FL 32034

City/State and Zip Code

ppoechmann@yahoo.com

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

For further information concerning this matter, please call:

Paige Poole Poechmann

J904

261-0742

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

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of change   | is submitted for a corporation organiz   | , 607.1508, or 617.1508, Florida Statutes, this<br>ted under the laws of the State of <mark>Florida</mark><br>red agent, or both, in the State of Florida.   | <del></del> |
|---|--|--|-------------|
| 1. The name of the c  | corporation: First Coast Moving  | & Storage Co.  |             |
| 2. The principal office   | ce address: 3428 Cessna Lane,  | Fernandina Beach, FL 32034   |             |
|   |  |  |             |
| 3. The mailing addre  | ess (if different): Post Office Box  | 6062, Fernandina Beach, FL 320   | 35          |
| 4. Date of incorpora  | tion/qualification: 4/23/1991  | Document number: S47895  |             |
|   | eet address of the current registered agent of State: (If resigned, enter resigned   | ent and registered office on file with the   | ē           |
| w   | esley R. Poole   |  | 高一          |
| 30  | 03 Centre St., Ste. 200  | 1049<br>   | -5 種        |
| Fe  | ernandina Beach, FL 32034  |  |             |
| 6. The name and stre<br>(if changed):   | eet address of the new registered agent  | (if changed) and /or registered office   | 49          |
| <u>Pa</u>   | aige Poole Poechmann, Esq  |  |             |
| 30  | 03 Centre St., Ste. 200  |  |             |
|   | P.O. Box NOT a   | cceptable  |             |
|   | ernandina Beach, FL 32034  | ·  |             |
| The street address of as changed will be  | of its registered office and the street a identical.   | ddress of the business office of its registered  | agent,      |
| Such change was an authorized by the b  | uthorized by resolution duly adopted party or the corporation has been noti  | by its board of directors or by an officer so fied in writing of the change.   |             |
| Janes Signature of  | and nicer of uniteeror   | President Printed or typed name and title  | ubbs        |
| I hereby accept the I further agree to comperformance of my agent. Or, if this do hereby confirm that | appointment as registered agent and<br>omply with the provisions of all statu<br>duties, and I am familiar with and ac<br>ocument is being filed merely to refle<br>t the corporation has been notified in | agree to act in this capacity.<br>tes relative to the proper and complete<br>cept the obligation of my position as register<br>ct a change in the registered office address, writing of this change. | ed<br>I     |
| Paige P. A. Signatur  | Colchmann re of Registered Agent   | July 24, 2013  |             |
| If signing on behalf  |  |  |             |
| Typed   | or Printed Name  |  |             |

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