756738

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: ISLANDIA FIFST ASSOC, ATTON, INC.
DOCUMENT NUMBER: 756 738
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:
ED KIELLIEY - MANAGER Name of Contact Person
ISCHOLIA EAST ASSOCIATION, INC.
9500/9550 SOUTH OCENT DRIVE - GHITFILLOWSÉ Address
TIENSEN BIENCH, FL. 34957 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (772) 486-8339 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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: ISCIANDIA E, 45T ASSEC, ATICN, INC.
2. The principal office address: 9500/9550 South OCEAN DAILE - Guita / House
JENSEN BEACH, FL 34957
3. The mailing address (if different): 1820 N.E. JENSEN BEACH BLUD #537, JENSEN BEACH FL 34957
4. Date of incorporation/qualification: 3/12/1981 Document number: 756738
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)
KONYK & LEMME PLLC
777 S. FLHGLER DAILE-SUITE 800 3
WISST PALM BEACH, FL 33401
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
KONYK E. LEMME PLLC
140 INTRA COASTAL POINTE DRIVE - SUITE 310 P.O. BOX NOT acceptable
JUSITER, FC 33477
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.
Title Treasurer
Signature of an officer or director Buckalew, Anthony 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 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314