756738

(Requestor's Name)					
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PICK-UP WAIT MAIL					
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(Business Entity Name)					
(Business Entry Name)					
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COVER LETTER

Islandia East Association, Inc. SUBJECT: Name of Corporation 756738 DOCUMENT NUMBER:_ 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: Robert Wyrobek Name of Contact Person Islandia East Association, Inc. Firm/Company 1820 NE Jensen Beach Blvd, #557 Address Jensen Beach, Florida 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: 772 486-8339
Area Code & Daytime Telephone Number Robert Wyrobek Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Mailing Address:
Amendment Section Street Address: Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

* · · · . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a co	orporation organized	07.1508, or 617.1508, Flori l under the laws of the State l agent, or both, in the State	of Florida	
1. The name of t	the corporation: Island	<u>lia East Assoc</u>	iation, Inc.		
2. The principal	office address: 1820 N	I.E. Jensen Bead	ch Boulevard, #557		
 	Jensen	Beach, Florida	34957		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: _	03/12/1981	_ Document number:	756738	
	d street address of the curtiment of State: (If resign		and registered office on file	with the TECRETARY SECOND	
	Jane L. Cornett, E	sq.	<u>. </u>	一題生一	
	401 East Osceola Street				
	Stuart, Florida 349	994		PH I: 29 SEE, FLORIDE Office	
6. The name and (if changed):	I street address of the ne	w registered agent (it	changed) and /or registered	office ORDER 29	
	St. John, Core & L	emme, P.A.		<u></u>	
	1601 Forum Place, Suite 701				
	P.O. Box NOT acceptable				
	West Palm Beach, Florida 33401				
The street address changed will	ess of its registered office be identical.	ce and the street add	ress of the business office	of its registered agent,	
Such change was authorized by th	as authorized by resolut he board, or the corpora	ion duly adopted by tion has been potrfic	its board of directors or be ed in writing of the change	y an officer so	
Lew Configuration	te of an officer or director	Met fl	Printed or typed name a	TR - PRE-10027	
I hereby accept I further agree to of my duties, and document is bei corporation	the appointment as reg to comply with the prov ad I am familiar with an ing filed merely to refle s been notified in writin	istered agent and ag isions of all statutes d accept the obligat ct a change in the re g of this change.	gree to act in this capacity, relative to the proper and ion of my position as regis gistered office address, I h	complete performance tered agent. Or, if this ereby confirm that the	
	J9re		6-3-09		
Sig	nature of Registered Agent		Date		
If signing on be	chalf of an entity:				
	d A. Core, Secretar	у			
Т	yped or Printed Name				

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

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