| (Requestor's Name) | |
|--|---|
| (Address) | 700164056757 |
| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL | 01/04/1001026020 **39 |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | |
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| Division of C | | | | | |
|-------------------------|---|--|---------------------|--|--|
| SUBJECT: | The Island Associati | on of Nanles Inc | | | |
| SUBJECT: | Name of | Corporation | | | |
| | | 750554 | | | |
| DOCUMENT NUM | BER: | 759554 | | | |
| The enclosed Stateme | ent of Change of Registered Offi | ce/Agent and fee are submi | tted for filing. | | |
| Please return all corre | espondence concerning this matte | er to the following: | | | |
| | | | | | |
| | Jarrac | d Brown | <u>-</u> | | |
| Name of Contact Person | | | | | |
| | _ | | | | |
| | Smith & Co., LLP Firm/Company | | | | |
| | rimic | ompany | | | |
| | 27657 0 | d 44 Dand | | | |
| _ | Δd | d 41 Road | | | |
| | - 1997 - 22 6227 - Bahahusses, PL 82974 | 2601 Physority | CARLAGE NE | | |
| | Denite Corin | क्षाकृतिहरू है। १८८४ सम्बद्धाः १८४४ ह ू । स | o Bradining | | |
| _ | City/State a | igs, FL 34135 197 90 73 and Zip Code 1993 199 | | | |
| | • | | | | |
| | Jarrad@SmithCo mail address: (to be used for | mpany-CPA.com | ication) | | |
| L. | -man address. (to be used for | ruture amiuar report nom | icanony | | |
| | l ditt | ., | | | |
| For further information | on concerning this matter, please | call: | . 100 | | |
| | Kathi | at (239) Area Code & Dayti | 992-4232 | | |
| Name | of Contact Person | Area Code & Dayti | me Telephone Number | | |
| Enclosed is a \$35.00 a | check made payable to the Depar | rtment of State | | | |
| Diciosed is a \$55.00 t | made payable to the Depar | tillone of Suite. | | | |
| | Mailing Address: | Street Address: | | | |
| | Amendment Section | Amendment Se | ection | | |
| • | Division of Corporations | Division of Co | rporations | | |
| | P.O. Box 6327 | Clifton Buildir | | | |
| | Tallahassee, FL 32314 | 2661 Executive | = : | | |
| | | Tallahassee Fl | L 32301~ | | |

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

| statement of char | rovisions of sections 607.0502, 617.0 ge is submitted for a corporation org to change its registered office or reg | ganized under the laws of | the State of Florid | a | _ |
|---|--|---|--------------------------------------|-------------|---|
| | ne corporation: The Island Assorbice address: 27657 Old 41 Roz | | | | |
| 3. The mailing ac | dress (if different): | | | | |
| 4. Date of incorp | oration/qualification: 08/10/19 | Document numb | per: 75 | 9554 | |
| | street address of the current registere ment of State: (If resigned, enter resigned) | | fice on file with the | | |
| | resigned | | | | |
| | Smith & Co., LLP 27567 Old 41 Road P.O. Box Bonita Springs, FL 34135 | NOT acceptable | registered officeSSEE, FLORIDA | M 10: 25 | Constitution of the second of |
| <i></i> | s of its registered office and the street identical. | | | | nt, |
| Such change wa authorized by th | s authorized by resolution duly adop e board, or the corporation has been | pted by its board of direct inotified in writing of th | ctors or by an office the change. | r so | |
| test | pr | Colecina J. Printed or | WARKEL - T |) 18510: | ine |
| of my duties, and document is being corporation has | | | | | _ |
| Ty | ped or Printed Name | | | | |

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