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(Re	questor's Name)	
(Address)		
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(Cit	y/State/Zip/Phone	⇒ #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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Island Medical & Business Center 1648 Periwinkle Way, Suite B • Sanibel, FL 33957 Tel: 239.344.1100 • Fax: 239.344.1200 • www.henlaw.com

Fort Myers • Bonita Springs

Reply to **David M. Platt** Licensed in Florida and Michigan Direct Fax Number 239.344.1516 Direct Dial Number 239.344.1355 E-Mail: david.platt@henlaw.com

July 8, 2010

VIA US MAIL

Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Re: Island Inn Company

Dear Sir or Madam:

I am transmitting herein a Statement of Change of Registered Office or Registered Agent or Both for Corporations for the above-referenced company, together with our check in the amount of \$35.00, representing your filing fee.

Should you have any questions or require additional information, please do not hesitate to contact me.

Sincerely

David M. Platt

DMP/sab Enclosures

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

statement of change is submitted for a corporation organized under the laws of the State of Minnesota in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Island Inn Company
2. The principal office address: 3111 W. Gulf Drive, Sanibel, Florida 33957
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/21/1957 Document number: 590811949
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)
Pegge Ford
3111 W. Gulf Drive
Sanibel, Florida 33957
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
David M. Platt
1648 Periwinkle Way, Ste. B P.O Box NOT acceptable
Sanibel, Florida 33957
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.
- As Line Condott Charman Joseph E. Orndott
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.
Significant Poly 6, 2010 Significant Date
If signing on behalf of an entity:
Typed or Primed 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