

F080000000703

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(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

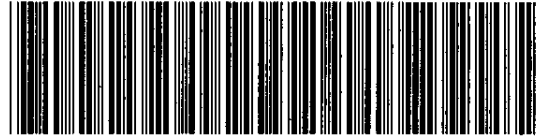
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
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@ 1/21/09

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Island Casinos Ltd., Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** F08000000703

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:

Ryan E. Willits, Esq.  
(Name of Contact Person)

Willits & Associates, P.A.  
(Firm/Company)

2499 Glades Road, Suite 210  
(Address)

Boca Raton, FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ryan E. Willits, Esq. at ( 561 ) 353-2400  
(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

December 31, 2008

RYAN E. WILLITS, ESQ.  
WILLITS & ASSOCIATES, P.A.  
2499 GLADES ROAD - SUITE 210  
BOCA RATON, FL 33431

SUBJECT: ISLAND CASINOS LTD., INC.  
Ref. Number: F08000000703

We have received your document for ISLAND CASINOS LTD., INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6964.

Irene Albritton  
Regulatory Specialist II

Letter Number: 608A00062109

TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

2009 JAN 20 AM 8:00

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**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: Island Casinos Ltd., Inc.
2. The principal office address: 2499 Glades Road, Suite 210  
Boca Raton, FL 33431
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/14/08 Document number: F08000000703
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Judith A. Jarvis  
1260 E. Oakland Park Blvd., Suite 200  
Fort Lauderdale, FL 33334

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Willits & Associates, P.A.  
2499 Glades Road, Suite 210  
(P.O. Box NOT acceptable)  
Boca Raton, FL 33431

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
09 JAN 20 PM 1:12

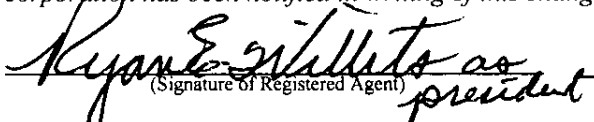
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.

  
(Signature of an officer or director)

GORDON W. ROEPKE, PRES.  
(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)

12/19/08  
(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