F42374

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C

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 995846 7855256				
AUTHORIZATION :				
COST LIMIT : 35.00 kg.				
ORDER DATE : September 13, 2021				
ORDER TIME : 3:05 PM				
ORDER NO. : 995846-009				
CUSTOMER NO: 7855256				
CHANGE OF AGENT				
NAME: ISLAND ONE, INC.				
NAME: ISLAND ONE, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker EXT#				
EYAMINED.				

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

statement of cha	nge is submitted for a corporation	n 17,0302, 607,1308, or 617,1308, r torida statu n organized under the laws of the State of FL r registered agent, or both, in the State of Florid	
1. The name of t	he corporation: ISLAND ONE, IN	C	
2. The principal	office address: 16000 W Charlest	ton Blvd, Las Vegas, NV 89135	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/28/198	Document number: F42374	
	I street address of the current registment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	e
	NATIONAL REGISTERED AGI	ENTS, INC.	
	1200 S. PINE ISLAND ROAD		202
	PLANTATION, FL 33324		F 2021 SEP
6. The name and (if changed):			
	Corporation Service Company	्रा 	. OD
	1201 Hays Street		. <u>5</u>
		P.O. Box NO Facceptable	
	Tallahassee	FL 32301	
The street address changed will	ss of its registered office and the be identical.	e street address of the business office of its reg	istered agent.
Such change wa authorized by th	is authorized by resolution duly a board, or the corporation has b	adopted by its board of directors or by an officeen notified in writing of the change.	er so
	Que e cienie	Jill Cilmi, Vice President	
Signatu	e of an officer or director	Printed or typed name and title	
I further agree to of my duties, an document is beil corporation has	the appointment as registered as comply with the provisions of a lam familiar with and accept the filed merely to reflect a chang been notified in writing of this case.	gent and agree to act in this capacity. all statutes relative to the proper and complete the obligation of my position as registered age ge in the registered office address, I hereby con change.	e performance mt. Or, if this nfirm that the
BA: Note	d-Kindy, nature of Registered Agent	09/13/2021	
	nature of Registered Agent half of an entity:	Date	
_ ,	·		
	Asst. Vice President ped or Printed Name	-	
12	ped or France State	NO DDD 636.00 + 1 +	

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