Requester's Name OS OLL WILLIAM Address City/State/Lip Phone #		3869111 0101073015
	ID (6) ******	25.00 *****25.00
	Office Use Only Office Use Only	
CORPORATION NAME(S) & DOCU	JMENI NUMBER(S), (II Known).	
1. Corporation Name)	(Document #)	andra and the second second
(Cosporation - Village)		
2. (Corporation Name)	(Document #)	·
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(COXPORTING TO A CONTRACT TO A		
4. (Corporation Name)	(Document #)	
☐ Walk in ☐ Pick up time	Certified Copy	
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NEW FILINGS	AMENDMENTS	FILEI 15 P 18Y O SSEE,
☐ Profit	Amendment	D W 3:40 F STATE F FLORID/
Not for Profit Limited Liability	Resignation of R.A., Officer/Director Change of Registered Agent	↓ 0
Domestication	Dissolution/WithdrawalMerger	
Other	_	
OTHER FILINGS	REGISTRATION/QUALIFICATION	
Annual Report Fictitious Name	☐ Foreign ☐ Limited Partnership ☐ Reinstatement ☐ Trademark ☐ Other	
	Examiner's Init	tials
CR2E031(7/97)		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

agent, or both, in the blace of 1 to 1 to 1	
1. The name of the limited liability company is: Island Coffee & Gifts, LLC	, all s
2. The mailing address of the limited liability company is:	
681 Lake Wellington Drive, Wellington, FL 33414	- ÷, · ·
1 01000005425	15
3. Date of filing/registration in Florida 4. Document number	
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State: Steven R. Willer Name	Alexander
681 Lake Wellington Drive Address	
Wellington, FL 33414	
Wellington, FL 33414 City, State and Zip	=
6. The name and address of the new registered agent and/or office:	
Theresa A. Miller	
Name 681 Lake Wellington Drive 77 77 77 77 77 77 77 77 77 77 77 77 77	
Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable) Wellington FL 33414 City, State and Zip	
Wellington FL 33414 City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. (Signature of a member or authorized representative of a member)	·
theresa A. Miller, Member	
(District on tried name of signer)	
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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.	
(Signature of Registered Agent)	Æ
Division of Cornorations, P.O. Box 6327, Tallahassee, FL 32314	

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

INHS18(10/99)

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FILING FEE: \$25.00