L04000094237

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	- 40
(Cit	.y/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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N. Culligan DEC 1 0 2012

COVER LETTER

	ation Section on of Corporations	
¥	•	
SUBJECT: _	ISLANDSREAL	TY.COM
	Name of	Limited Liability Company
Dear Sir or Ma	dam:	
The enclosed F	Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return a	ll correspondence concerning	g this matter to the following:
		•
DERMOT		
	Name of Person	
ISLANDS	REALTY	
	Firm/Company	•
5555 44 6		
3800 N O	CEAN DR. Address	
SINGER	SLAND, FL 33404	
	City/State and Zip Code	
INFO@IS	LANDSREALTY.COM	
E-mail addre	ss: (to be used for future annual report	notification)
For further inf	ormation concerning this mat	tter, please call:
ROCHELLE		at (561) 340-1704
	Name of Person	Area Code & Daytime Telephone Number
	ET/COURIER ADDRESS:	MAILING ADDRESS:
_	ation Section	Registration Section
	n of Corporations	Division of Corporations P.O. Box 6327
	Building xecutive Center Circle	Tallahassee, Florida 32314
	ssee, Florida 32301	Tantanassee, Piolida 32314
Enclos	ed is a check for the follow	ing amount:
₽ \$25	Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (5/08)

* 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.

 $i_{t^{2}}$

Name of the limited liability company:	ISLANDSREALTY.COM
2. (a) Principal office address of limited liability (Note: MUST BE STREET ADDRESS)	
(b) Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)	ny: 2655 N OCEAN DR. 310F SINGER ISLAND, FL 33404
12/29/2004	L04000094237
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office sl	hown on the records of the Florida Dept. A State
Registered Agent:	DERMOT OBRIEN
Registered Office Address:	2655 N OCEAN DR. #310F SINGER ISLAND, FL 33404
NEW Registered Agent: NEW Registered Office Address:	3800 N OCEAN DR.
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRI	ESS)
	SINGER ISLAND ,FL 33404
and the business office of the registered agent wil liability company, it is hereby confirmed that the	ade, the Florida street address of the registered office I be identical. Or, in the case of a Florida limited change(s) was/were authorized by an affirmative vote of s otherwise provided in the articles of organization or
DERMOT OBRIEN Printed or typed name of signee	
I hereby accept the appointment as registered ag comply with the provisions of all statutes relative and I am familiar with and accept the obligations Chapter 608, F.S. Or if this document is being finaddress. I hereby confirm that the limited liability Signature of Registered Agent	eent and agree to act in this capacity. I further agree to to the proper and complete performance of my duties, s of my position as registered agent as provided for in iled to merely reflect a change in the registered office y company has been notified in writing of this change.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00