## 10500077647

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
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J. SAULSBERRY EXAMINER DEC 20 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations			
	ÉMS WEATHERIZATION DIVI ed Liability Company	ISION	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for file	ing.	
Please return all correspondence concerning this n	natter to the following:		
CHARLES B. JIMERSON	#4#		
Name of Person			
JIMERSON & COBB, P.A. Firm/Company		16.2	
rim/Company	АНА	ZOII DEC 16	"" <del>"</del> )
701 RIVERSIDE PARK PLACE, SUITE	<u>302</u>	1,-1	, with the same
Address	ر ا ت	And Signature	
JACKSONVILLE, FL 32204 City/State and Zip Code	 □	:21	
cjimerson@jimersoncobb.com  E-mail address: (to be used for future annual report notificat	ion)		
For further information concerning this matter, ple	ease call:		
Charles B. Jimerson at (	904 ) 807-7679		
Name of Person at (	Area Code & Daytime Telephone Number	 er	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following am	ount:		
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee & Certified Copy		

## 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.

<ol> <li>Name of the limited liability company:ISLA</li> </ol>	AND HOMES OF AMELIA, LLC
2. (a) Principal office address of limited liability compar	ıy: 1603 S. 8TH ST.
(Note: MUST BE STREET ADDRESS)	FERNANDINA BEACH, FL 32034
(b) Mailing address of limited liability company:	PO DRAWER 1509
(Note: MAY BE POST OFFICE BOX)	FERNANDINA BEACH, FL 32035
08/08/2005	L05000077647
3. Date of filing/registration in Florida	4. Document number
5. (a) Registered Agent and Registered Office shown or	the records of the Florida Dept. of State:
Registered Agent:	ARMOND J. TOMASSETTI, ESQ.
Registered Office Address:	406 ASH ST. FERNANDINA BEACH, FL 32034
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  NEW Registered Office Address:  701 RIVERSIDE PARK PLACE	
(MUST BE FLORIDA STREET ADDRESS)	SUITE 302 JACKSONVILLE ,FL 32204
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other the operating agreement of the limited liability company or as other the operating agreement of the limited liability company.  K. Alan Killen  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my pand I am familiar with and accept the obligations of my pand I hereby confirm that the limited liability company.	e laws of the State of Florida, it is hereby Florida street address of the registered office ntical. Or, in the case of a Florida limited s) was/were authorized by an affirmative vote erwise provided in the articles of organization by.
Signature of Registered Agent	ny nas veen nougieu in writing of this change.