

L12000108368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

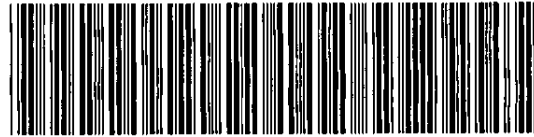
(Business Entity Name)

(Document Number)

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13 FEB 25 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 26 2013  
B. KOHR

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ISLAND LIFE MANAGEMENT LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DAVID GEBO  
Name of Person

ISLAND LIFE MANAGEMENT LLC  
Firm/Company

1340 CORTEZ STREET  
Address

ST. AUGUSTINE FL 32080  
City/State and Zip Code

DAVEGEBO@ML.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID GEBO at ( 904 ) 540 2915  
Name of Person Area Code & Daytime Telephone Number

**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 amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.

1. Name of the limited liability company: ISLAND ~~DEE~~ LIFE MANAGEMENT LLC

2. (a) Principal office address of limited liability company: 1340 CORTAZ STREET  
ST. AUGUSTINE FL 32080  
**(Note: MUST BE STREET ADDRESS)**

(b) Mailing address of limited liability company: 1340 CORTAZ STREET  
ST AUGUSTINE FL 32080  
**(Note: MAY BE POST OFFICE BOX)**

AUG 22 2012  
3. Date of filing/registration in Florida

L12000108368  
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: UNITED STATES CORPORATION AGENTS INC

Registered Office Address: 13302 WINDING OAKS COURT  
SUITE A  
TAMPA FL 33612

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

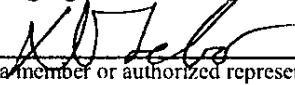
**NEW** Registered Agent:

DAVID GEBO

**NEW** Registered Office Address:  
**(MUST BE FLORIDA STREET ADDRESS)**

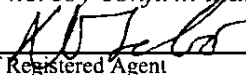
1340 CORTAZ STREET  
ST AUGUSTINE FL 32080

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

DAVID GEBO  
Printed or typed 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 duties, 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, I hereby confirm that the limited liability company has been notified in writing of this change.

  
Signature of Registered Agent

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