118000026437

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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DEC 0 6 2018 S. YOUNG 18 DEC -3 AN B: 10 SCORCIANT OF STATE ALLAHASSEE, FLORIDA

	• .	COVI	ER LET	ITER		£		
TO:	Registration Section Division of Corporations	o	1	e).	.**			
SUB.	Island Talent LLC							
Name of Limited Liability Company								
Dear	Sir or Madam:							
The c	enclosed Registered Agent/Registered O	ffice Change	e and fe	e(s) are submi	itted for filing	Ř.		
Pleas	e return all correspondence concerning	this matter to	o the fol	llowing:				
Deni	ise Drew							
	Name of Person			-				
Islar	nd Talent LLC							
	Firm/Company		· 	-		SECK I		
1525	5 West Central Ave.				PIL AMASS			
	Address		<u> </u>	-		-3 M -3 M \$SSEE,F		
Meri	ritt Island, Florida 32952				D AM 90 10 STATE FLORIDA			
	City/State and Zip Code			-				
dldu	k1497@gmail.com							
 -	E-mail address: (to be used for future ar	inual report	notifica	ition)				
For fi	urther information concerning this matte	r, please cal	1:					
Deni	se Drew	334	1	524-3315				
	Name of Person	(Area Code & I	Daytime Tele	ephone Number		
	STREET/COURIER ADDRESS:		MAI	LING ADDR	ESS:			
	Registration Section			stration Sectio				
Division of Corporations D				ion of Corpor	ations			
	Clifton Building			Box 6327	22211			
	2661 Executive Center Circle Tallahassee, Florida 32301		I alla	hassee, Florid	a <i>323</i> 14			
	Enclosed is a check for the following	ig amount:						
	\$25 Filing Fee	i	\$55	Filing Fee & 0	Certified Cop	ру		

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. N:	ame of the limited liability company:Island Talen	t LLC					
2. (a)	315 Breyard Ave. #6		(b) 315 Brevard Ave. #6				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Cocoa, Florida 32922		Cocoa, Florida 32922				
		·					
	01/30/2018		L18000026437				
3.5. (a)	Date of filing/registration in Florida Denise Drew	4.	Document number				
J. (a)	Registered Agent and Registered Office shown on the records of 116 Harrison Street	a Dept. of State:					
	Registered Office Address	三 日 日					
	Cocoa	L 32922	ASSEE,				
(b)	Denise Drew Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u>						
	NEW Registered Office Address:						
	315 Brevard Ave. #6						
	Cocoa F	L32922					
the cha agent v was/we	imited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis liability co of the lim	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in				
	Denisi Crew	Der	nise Drew				
	ture of a member or authorized representative of a member		Printed or typed name of signee				
provisi the obl to mer	by accept the appointment as registered agent and agons of all statutes relative to the proper and complet igations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act te perform led for in (I hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am Jamiliar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been				

Signature of Registered Agent