## 

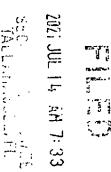
(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Duniana Fatibableses)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations					
ISLESTAY AT THE CAPE LLC SUBJECT:					
Name of I	Name of Limited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Ch	nange and fce(s) are submitted for filing.				
Please return all correspondence concerning this mate	ter to the following:				
MARILYN B JONES					
Name of Person	<del></del>				
ISLESTAY AT THE CAPE LLC					
Firm/Company					
544 BERT PHILLIPS RD					
Address	<del></del>				
CLIMAX GA 39834					
City/State and Zip Code	<del></del>				
mb.jones@att.net					
E-mail address: (to be used for future annual rep	port notification)				
For further information concerning this matter, please	e call;				
MARILYN B JONES at (	229 4001051				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enclosed is a check for the following amount:					
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy				
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: ISLESTAY AT	THE CAP	E LLC		
2. (a)		(	b)		
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	<u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	544 BERT PHILLIPS RD		544 BE	RT PHILLIPS RD	
	CLIMAX GA 39834		CLIMA	LIMAX GA 39834	
	_ 7-14-2020		L200002	03409	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
a. (a)	Registered Agent and Registered Office shown on the records of CORPORATION SERVICES CO	of the Florid	a Dept. of S	State:	
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	5)	<del></del>	
	1201 HAYS ST			2	
	TALLAHASSEE , F	32301			
(b)			-	97	
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office ad	dress:	A: 6.5	
	Schrader DAVID A <del>SHRADE</del> R			7: 33	
	NEW Registered Office Address:				
	151 BAYSIDE DR	·			
	EASTPOINT , F	L <sup>32338</sup>			
agent www.	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited learner authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere iability co of the lim	d office a mpany, it ited liabil	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
	Hardy Enes	MAI	RILYN B	JONES	
	ture of a member or authorized representative of a member			Printed or typed name of signee	
the obl to mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I in writing of this change.	ree to act e performa ed for in C hereby co	in this ca ince of m hapter 6t infirm tha	pacity. I further agree to comply with the values, and I am jamiliar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signatur	re of Registered Agent				

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