## L23 000063537

(Requestor's Name)							
(Ad	dress)						
(Ad	dress)						
(Cit	y/State/Zip/Phone	e #)					
PICK-UP	TIAW [	MAIL					
(Business Entity Name)							
	·.	:					
(Do	cument Number)						
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							
L							

Office Use Only



700407383567

04/28/23--01019--010 \*\*225.00

## **COVER LETTER**

TO:

_	istration Section ision of Corporations						
SUBJECT:	ISLAND TEK SOLUTIONS L	LC					
SUBJECT.	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered	Office Change and	I fee(s) are submitted for filing.				
Please retur	n all correspondence concernir	ig this matter to the	following:				
Cynthia Dav	ies						
	Name of Person						
Cindy's Flor	ida LLC		· · · · · · · · · · · · · · · · · · ·				
	Firm/Company						
8051 N. Tan	niami Trail STE E6		Ç				
	Address		<u>.                                    </u>				
Sarasota, Flo	orida, 34243						
	City/State and Zip Co	de	<u> </u>				
reports@clo	udpeaklaw.com						
E-mai	l address: (to be used for future	annual report noti	fication)				
For further	information concerning this ma	atter, please call:					
Cynthia Dav	ries	727 at (	300-0042				
	Name of Person		Area Code & Daytime Telephone Number				
Reg Div P.C	gistration Section Vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	closed is a check for the follow	wing amount:					
	\$25 Filing Fee	<b></b> 5	\$55 Filing Fee & Certified Copy				
INHS18 (2/1	4)						

## 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 TEK SO	LUTIO	NS I	LLC			
2. (a)	8051 N. Tamiami Trail STE E6		(b) 8051 N. Tamiami Trail STE E6					
2. (u)	Principal office address of limited lia (Note: MUST BE STREET A		`	~/ <u>-</u>	,	Mailing address of (Note: MAY I		
	Sarasota, Florida, 34243			<u>S</u>	arasota, F	Florida, 34243		
				_				
	02/03/2023			L2	30000635	537		
3.	Date of filing/registration in	Florida	4.			Document nu	ımber	
5. (a	CEDANO, VANESSA							
J. (a	Registered Agent and Registered Office show	vn on the records of t	he Florio	la De	pt. of State	– e:		
	1317 EDGEWATER DR SUITE 4927							
	Registered Office Address (MUST BE F	LORIDA STREET A	DDRES	<u>(\$)</u>		_		
						_		2
	ORLANDO	FI	32804				• <u>-</u>	(3) -3
		, , , , , ,				_		: I : I w
(b)	Cindy's Florida LLC		<u>.</u>		<del>.</del> .—.	_	•	8
	Enter name of <u>NEW Registered Agent</u> and/	or NEW Registered	Office a	<u>ddre</u>	<u>ss</u> :			. <u>.</u> .5
	NEW Registered Office Address:					_	· - •	N La
	8051 N. Tamiami Trail STE E6							
						_		
	Sarasota	E)	34243					
		, FL				_		
chang agent was/v	limited liability company is not organi te or changes are made, the Florida stre will be identical. Or, in the case of a base were authorized by an affirmative vote ticles of organization or the operating a	et address of the Florida limited lia of the members o	registe bility c f the lii	red omp nite	office and pany, it is d liability	d the business s hereby confi y company or	office of med that	the registered the change(s)
Cyn	thia Davies		Су	nthia	a Davies,	Manager		
<b>O</b> Sign	ature of a member or authorized representative	of a member				Printed or type	d name of si	gnee
provi. the ol to me	eby accept the appointment as register sions of all statutes relative to the propoligations of my position as registered crely reflect a change in the registered of in writing of this change.	ed agent and agre er and complete p agent as providea office address, I h	ee to ac perforn I for in tereby c	et in nanc Cha confi	this cape re of my c upter 605 irm that	acity. I furthe duties, and I a 5, F.S. Or, if t the limited lia	er agree to im familia his docum ibility com	comply with the r with and accept ent is being filed pany has been
·	hia Davies							
<b>⊘</b> otgnai	ure of Registered Agent							