

L95924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

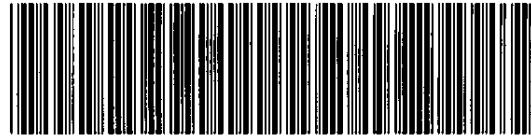
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 1220, Inc.
Name of Corporation

DOCUMENT NUMBER: L95924

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

John G. Evans
Name of Contact Person

Dill & Evans, PL
Firm/Company

1565 US Highway 1
Address

Sebastian FL 32958
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John G. Evans at (772) 589-1522
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

WARREN W. DILL

Also admitted in
Wyoming
Nebraska

DILL & EVANS, P.L.

ATTORNEYS AT LAW
1565 US Highway 1
Sebastian, Florida 32958

JOHN G. EVANS

Also Admitted in
California

MICHELLE D. NAPIER

September 27, 2010

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

Re: 1220, Inc.
Change of Registered Agent.

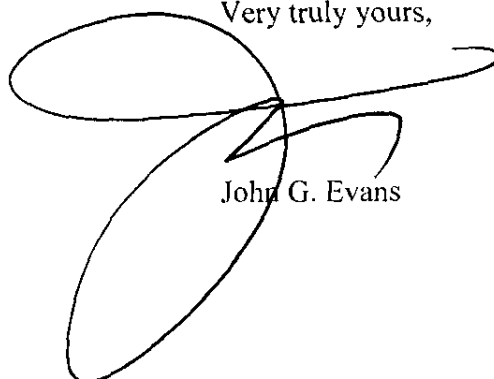
Dear Sir or Madam:

Please find enclosed your form CR2E045 *Statement of Change of Registered Agent for Corporation* along with your customary cover letter and a check in the sum of \$35 covering the filing fee.

Please confirm the filing to the undersigned.

Thank you for your cooperation.

Very truly yours,

A large, stylized handwritten signature in black ink, consisting of several loops and a long horizontal stroke extending to the right.

John G. Evans

JGE:ka
Encl.

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 1220 Inc.
2. The principal office address: 13570 West Port Dr., 301, Sebastian FL 32958
3. The mailing address (if different): P.O. Box 782036, Sebastian FL 32978-2036
4. Date of incorporation/qualification: 08/27/1990 Document number: L95924
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Gerard Izzo

13570 West Port Drive, No. 301

Sebastian FL 32958

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Joseph A. Izzo

20867 Leonard Rd.

P.O. Box NOT acceptable

Lutz FL 33588-8357

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Joseph A. Izzo P.R.
Signature of an officer or director

Joseph A. Izzo, PR of Est. of Gerard Izzo
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Joseph A. Izzo P.R.
Signature of Registered Agent

9-24-10
Date

If signing on behalf of an entity:

JOSEPH A. IZZO
Typed or Printed Name

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314