## 

ATTORNEYS AND COUNSELLORS AT LAW

E. D. ARMSTRONG III
JOHN T. BLAKELY
BRUCE H. BOKOR
GUY M. BURNS
JONATHAN S. COLEMAN
MICHAEL T. CRONIN
ELIZABETH J. DANIELS
BECKY FERRELL-ANTON
MARION HALE

SCOTT C. ILGENFRITZ FRANK R. JAKES TIMOTHY A. JOHNSON, JR. SHARON E. KRICK ROGER A. LARSON JOHN R. LAWSON, JR\* MICHAEL G. LITTLE MICHAEL C. MARKHAM STEPHANIE T. MARQUARDT ZACHARY D. MESSA
A.R. "CHARLIE" NEAL
F. WALLACE POPE, JR.
ROBERT V. POTTER, JR.
AUDREY B. RAUCHWAY
DARRYL R. RICHARDS
PETER A. RIVELLINI
DENNIS G. RUPPEL\*
CHARLES A. SAMARKOS

PHILIP M. SHASTEEN JOAN M. VECCHIOLI STEVEN H. WEINBERGER JULIUS J. ZSCHAU

\*OF COUNSEL
PLEASE REPLY TO CLEARWATER

FILE NO.

January 23, 2002

Florida Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314 1/30

900004845209--9 -01/30/02--01065--016 \*\*\*\*\*35.00 \*\*\*\*<del>\*35.00</del>

25.00

Re: I & S Associates, LLC/Charter No. M00000002459

Dear Sir or Madam:

Enclosed for filing is a fully executed original Statement of Change of Registered Agent for the above-referenced limited liability company. I have also enclosed our client's check in the amount of \$35.00 for the filing fee.

In the event you have any questions regarding the enclosed document, please contact me via our firm's toll-free telephone number (1-800-523-1818 ext. 153) to avoid delay in filing.

Sincerely,

JOHNSON, BLAKELY, POPE, BOKOR, RUPPEL & BURNS, P.

10-000

Tami Lee Latzo, Legal Assistant

, ; (

:tll

**Enclosures** 

CC:

Ms. Jean Lee

Kathy Otting, Administrative Assistant

258820.01

CLEARWATER OFFICE
911 CHESTNUT STREET
POST OFFICE BOX 1368
CLEARWATER, FLORIDA 33757-1368
TELEPHONE: (727) 461-1818
TELECOPIER (727) 462-0365

TAMPA OFFICE
100 NORTH TAMPA STREET
SUITE 1800
POST OFFICE BOX 1100
TAMPA, FLORIDA 33601-1100
TELEPHONE (813) 225-2500
TELECOPIER (813) 223-7118

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

| <del>-</del>   | s of sections 607.0502, 617.050<br>on organized under the laws of t   |  |  |     |
|--|---|--|--|-----|
| submits the following stat<br>the State of Florida.    | ement in order to change its reg  | gistered office or registere   | ed agent, or both, in  |     |
| 1. The name of the corpor                              | ation: I & S Associate  | es, LLC  |  | •   |
| 2. The mailing address of                              | the corporation : P. O. Box   |  |  |     |
| 3. Date of incorporation/o                             | ualification: <u>11/29/2000</u>   |  | M 00000002459  |     |
| <del>-</del>   | of the current registered agent an  |  |  |     |
|  | er F. Williams  |  | ••   |     |
| 911  | Chestnut Street   |  |  |     |
| 5. The name and address of                             | arwater, FL 33756  If the new registered agent (if che)  (P. O. Box Not Account Lee   |  | office (if changed):   |     |
| 300  | 31st St. N. #223  |  |  |     |
| St.  | Petersburg, FL 33713  | -  | , .  |     |
| The street address of its reagent, as changed, will be | egistered office and the street ac  | ddress of the business off   | ice of its registered  |     |
| V  | ed by resolution duly adopted by chairman or wice chairman of the board)  | by its board of directors o  | r by an officer so SAN 3   |     |
| TOPA M. TOO  | CICI  | · · · · · · · · · · · · · · · · · · ·  | TOF STATE OF | E   |
|  | or typed name and title) gistered agent and to accept ser ept the appointment as register with the provisions of all statut<br>and I am familiar with and acc | rvice of process for the al<br>ed agent and agree to act<br>es relative to the proper o<br>cept the obligation of my | pove stated  |     |
| Jan Lee  |   | x01/04   | 1/02   |     |
| (Signature of R  | egistered Agent)  | (Date)   | <u> </u>   | _   |
| (Typed or Prin   | ed Name)  | (Capacity)   | en e   | r . |
| 46.174   | * * * FILING FEE: \$3   | 35.00 * * *  |  |     |

P.O. Box 6327

TALLAHASSEE, FL 32314

CR2E045(9/00)

DIVISION OF CORPORATIONS