

M12000002468

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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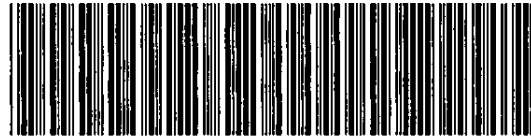
(Business Entity Name)

(Document Number)

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2013 JAN 11 AM 11:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan JAN 14 2013

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ISLAND WAY TOWERS, L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

TIMOTHY J. BRADLEY

Name of Person

BRADLEY & MOREAU

Firm/Company

1318 CAMELLIA BOULEVARD

Address

LAFAYETTE, LA 70508

City/State and Zip Code

tim@realtitle.net

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

For further information concerning this matter, please call:

Timothy J. Bradley

Name of Person

at ( 337 ) 235-4660

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

*Pursuant to the provisions of sections 608.416 or 608.508, 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. Name of the limited liability company: ISLAND WAY TOWERS, L.L.C.

2. (a) Principal office address of limited liability company: 8609 POSTWOOD CIRCLE  
**(Note: MUST BE STREET ADDRESS)** TAMPA, FL 33614

(b) Mailing address of limited liability company:  
**(Note: MAY BE POST OFFICE BOX)**

8609 POSTWOOD CIRCLE  
TAMPA, FL 33614

05/04/2012

M12000002468

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

IVONNE ROSADO

Registered Office Address:

8609 POSTWOOD CIRCLE  
TAMPA, FL 33614

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

**NEW Registered Agent:**

ROBERT GRIFFITHS

**NEW Registered Office Address:**

5217 81ST ST. N. #10

**(MUST BE FLORIDA STREET ADDRESS)**

ST. PETERSBURG, FL 33709

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Richard Paul Beaulieu  
Signature of a member or authorized representative of a member

RICHARD PAUL BEAULLIEU

Printed or typed name of signee

*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 obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Robert Griffiths  
Signature of Registered Agent

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

**FILING FEE: \$25.00**