# M12000002468

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#### **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

at (33/

235-4660

Name of Person

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 TOWN	ERS, L.L.C.		<del></del>
2. (a) Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	INY: 103 ROSEDALE DRIVE  LAFAYETTE, LA 70508-9104	<del></del>	<u> </u>
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	SAME		<u>-</u>
May 4, 2012	M12000002468		_
3. Date of filing/registration in Florida	4. Document number		
5. (a) Registered Agent and Registered Office shown o	on the records of the Florida Dep	pt. of State:	
Registered Agent:	ROBERT GRIFFITS		_
Registered Office Address:	5217 81ST ST. N #10 ST. PETERSBURG, FL 33709		<u> </u>
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u> <u>NEW Registered Agent</u> :	EW Registered Office addres	2013 OCT SECRE I TALLAH	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	8609 POSTWOOD CIRCLE	FL33614	
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ide liability company, it is hereby confirmed that the change the members of the limited liability company or as other the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	Florida street address of the regentical. Or, in the case of a Flor (s) was/were authorized by an a wise provided in the articles of	t is hereby 5 gistered office ida limited	of
RICHARD PAUL BEAULLIEU Printed or typed name of signee			
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my Chapter 608, F.S. Of All this document is being filed to had address, I hereby capture that the limited liability compositions of Managery and Signature of Adgistered Reen	d agree to act in this capacity. I proper and complete performan position as registered agent as merely reflect a change in the re any has been notified in writing	I further agree in tee of my dutee provided for in gistered office of this change.	to ;
Division of Corporations, P.O. Box	6327. Tallahassee, FL 32314		

**FILING FEE: \$25.00**