M83487

(Requestors Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number) Certified Copies Certificates of Status
Special Instructions to Filing Officer: Corused document by telyhou Cau the 5/13/2

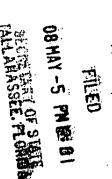
Office Use Only



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to chy



T. Roberts May.

COVER LETTER

G.

TO:	Amendment Section Division of Corporations		
SUBJI	ECT: Island Dreams North, Inc.	oration)	
	•	,	
DOCU	JMENT NUMBER: M83487		
The en	closed Statement of Change of Registered Office/Ag	gent and fee are submitted for filing.	
Please	return all correspondence concerning this matter to	the following:	
	•	Ç	
	Mary Jo Elkins		
(Name of Contact Person)			
Underwood & Roberts, PLLC			
(Firm/Company)			
3110 Edwards Mill Road, Suite 100			
	(Address		
	Raleigh, NC 27612		
	(City/State and Z	ip Code)	
For fur	ther information concerning this matter, please call:		
101141			
Mary .	Jo Elkins a	t (919) 664-8803 (Area Code & Daytime Telephone Number)	
	Jo Elkins a (Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed is a \$35.00 check made payable to the Department of State.			
	Mailing Address:	Street Address:	
	Mailing Address: Amendment Section	Street Address: Amendment Section	
	Division of Corporations	Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Island Dreams North, Inc.
	office address: Seafoam Village, Unit 111, 2800 Placide Rd
3. The mailing a	ddress (if different):
4. Date of incorp	poration/qualification: 05/25/1988 Document number: M83487
	street address of the current registered agent and registered office on file with the truent of State:
	John Boyer
	1460 South McCall Road, Suite 2A
	Englewood, FL 34223
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office
	John Boyer
	Seafoam Village, Unit 111 2800 Placide Rd (P.O. Box NOT acceptable)
	Englewood, FL 34224
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.
· (Signatu	Jack Boyer (Printed or typed name and title)
aocume nto de	the appointment as registered agent and agree to act in this capacity. To comply with the provisions of all statutes relative to the proper and complete performance of all am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
	5/1/08
	enature of Registered Agent) (Date)
If signing on bel	half of an entity
(T	'yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (8/05)

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