

NO2000002942

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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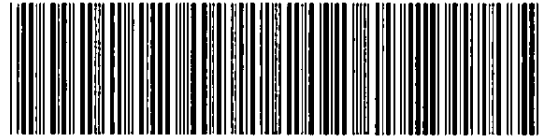
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISLAND SANDS I.R.B.C.A., INC.
Name of Corporation

DOCUMENT NUMBER: NO2 000002942

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:

ROBERT D. TOLBERT, JR
Name of Contact Person

ISLAND SANDS I.R.B.C.A., INC.
Firm/Company

4521 W. CULBREATH AVE
Address

TAMPA, FL 33609
City/State and Zip Code

E-mail address: (to be used for future annual report notification) roberttolbert59@gmail.com

For further information concerning this matter, please call:

ROBERT D. TOLBERT, JR at (813) 918-8428
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
The Centre of Tallahassee
2415 N. Monroe Street.
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**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: ISLAND SANDS I.R.B.C.A., INC
2. The principal office address: 4521 W. CULBREATH AVE
TAMPA, FL 33609
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 04/09/2022 Document number: NC2000002942
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)
WILLIAM F. SMITH
19534 GULF BLVD. #202
INDIAN SHORES, FL 33785
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
ROBERT D. TOLBERT, JR
4521 W. CULBREATH AVE
P.O. Box NOT acceptable
TAMPA, FL 33609

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.

Robert D. Tolbert Jr
Signature of an officer or director

ROBERT D. TOLBERT JR PRESIDENT
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.

Robert D. Tolbert Jr
Signature of Registered Agent

9/18/24
Date

If signing on behalf of an entity:

ROBERT D. TOLBERT JR
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 32317
CR2E045 (04/13)

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TALLAHASSEE, FL

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