N04000003967

Office Use Only



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SEGRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

R.A. Change

C. Coulliette JUN 0 5 2006



ACCOUNT NO. : 072100000032			
REFERENCE : 153969 4328337			
AUTHORIZATION :			
COST LIMIT: \$ 35			
ORDER DATE : June 5, 2006			
ORDER TIME : 10:14 AM			
ORDER NO. : 153969-005			
CUSTOMER NO: 4328337			
CHANGE OF AGENT			
NAME: ISLAND HORIZONS, INC.			
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XXX PLAIN STAMPED COPY			
CONTACT PERSON: Harry B. Davis EXT# 2926 EXAMINER:			

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

statement of char	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	
in order	to change its registered office or registered agent, or both, in the State of Florida	
1. The name of th	ne corporation: Island Horizons, Inc.	
2. The principal of	office address: 709 South Harbor City Boulevard, Suite 250	
	Melbourne, FL 32901	
3. The mailing ad	ddress (if different):	
4. Date of incorp	oration/qualification: 04/21/2004 Document number: N04000003967	
5. The name and Florida Depart	street address of the current registered agent and registered office on file with the timent of State:	
	Ronald M. Sellers	
	c/o Housing Authority of Brevard County	
	615 Kurek Court, Merritt Island, FL 32953	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office	
	Meg Knight 2120 O'Connel Avenue, S.W.	
	2120 O'Connel Avenue, S.W.	
	(P.O. Box NOT screptable)	6
	Palm Bay, FL 32908	
The street address changed will	ss of its registered office and the street address of the business office of its registered agent, be identical.	
Such change wa authorized by th	s authorized by resolution duly adopted by its board of directors or by an officer so be board, or the corporation has been notified in writing of the change.	
Me Ste	Meg Knight, Secretary (Printed or typed name and title)	
	the appointment as registered agent and agree to act in this capacity. a comply with the provisions of all statutes relative to the proper and complete performance of a law familiar with and accept the obligation of my position as registered agent. Or, if this and filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.	
Ment	fulf legistered Agent) 5/21/06 (Date)	
()*	half of an entity:	
(Т	yped or Printed Name)	

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

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

CR2E045 (8/05)