

N0500000 5137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

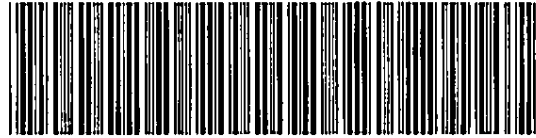
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500337909375

12/17/19--01006--030 **35.00

R. WHITE
JAN 16 2020

2019 DEC 17 PM 5:28

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ISLAND REACH, INC.
Name of Corporation

DOCUMENT NUMBER: NO5000065137

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:

MONIQUE TOLER
Name of Contact Person
JMT ACCOUNTING & ADMINISTRATIVE MGMT
Firm/Company
9040 TOWN CENTER PKWY
Address
LAKEWOOD RANCH, FL 34202
City/State and Zip Code
MONIQUE.JMTACCTG@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MONIQUE TOLER at (941) 320 7175
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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 REACH, INC.
2. The principal office address: 9040 TOWN CENTER PKWY.
LAKEWOOD RANCH, FL 34202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/17/05 Document number: NO5000005137
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)

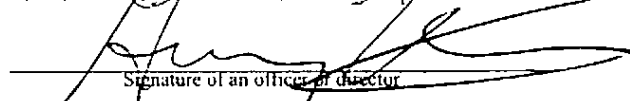
ONE SOURCE CORPORATION-FL
510 Bay Isles Rd, Ste 2
Longboat Key, FL 34228

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

JMT ACCOUNTING + ADMINISTRATIVE MANAGEMENT, INC.
9040 TOWN CENTER PKWY.
P.O. Box NOT acceptable
LAKEWOOD RANCH, FL 34202

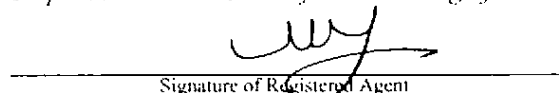
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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.


Signature of an officer or director

GARY KOMPATHECK
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.


Signature of Registered Agent

11/29/19
Date

If signing on behalf of an entity:

MUNIQUE TOLAN
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 32314
CR2E045 (04/13)