N47153

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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: ISland MUHC AWARDS FAC. (Name of Corporation)
DOCUMENT NUMBER: N 471(3
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:
(Name of Contact Person) (Name of Contact Person)
I St Awa MUHC AWAKOS (Firm/Company)
7320 GAIFFIA RO SUITE 211
(Address) AY 1 E 1 A. 3331+ (City/State and Zip Code)
For furthen information concerning this matter, please call:
(Name of Contact Person) at (1) 321-0882 (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

TO:

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

Pursuant to the provisi statement of change is	-	·			,
• -	-		tered agent, or both,		
1. The name of the cor	poration:	IS/140	Manc A	HWAAM	INCo.
2. The principal office	address:	1320	GRIFFIN	Ko	Surie 211
		JA1	113. HA	3331	}
3. The mailing address	(if different):		SAME	<u> </u>	
				 .	
4. Date of incorporatio	n/qualification:	2.4.9	LDocument nu	mber:	47/53
5. The name and street Florida Department		current registered	agent and registered	office on file v	vith the
•	W,	NJOME	B CHA	KITON	SEP SEP
	7	3400 W	110/E201	drive	FOR T
		DAY 12	F1A. 3	3317	700 2 6
6. The name and street (if changed):	address of the r	new registered ag	ent (if changed) and /	or registered o	office 6
	M	[NJOME	b CH	ALTION	
		1320	GRIFFIA	No #	11
	(F	P.O. Box NOT acceptab	AYIE. 1	9A 3:	3314
The street address of i	its registered of	ffice and the stree	et address of the busi	iness office of	its registered agent,
Such change was auth authorized by the boa	orized by resol	lution duly adopt	ed by its board of di notified in writing of	rectors or by a	an officer so
	alle		WINJON	EBC	HARITON
(Signature of an I hereby accept the an I further agree to come of my duties, and I an document is being file corporation has been	officer of director) ppointment as r pply with the pr i familiar with the amerely to ref notified in writ	egistered agent ovisions of all st and accept the o lect o change in ling of this chang	and agrae to act in the	d of typed name a his capacity. proper and c ion as registe address, I her	•
	lath.		9.	21.05	
(Signature o	of Registered Agent)			(Date)	
If signing on behalf o	f an entity:				
(Tyned or	Printed Name)				

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