

P02000125218

(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



300088007883

02/15/07--01003--023 \*\*35.00

RA W chg.

FILED  
07 FEB 15 PM 12:47  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts FEB 16 2007

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Island Reefs Resort, Inc  
(Name of Corporation)

DOCUMENT NUMBER: P02 000 125218

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:

Ricardo Calzada, II  
(Name of Contact Person)

Dorough, Calzada & Hamner, P.L.  
(Firm/Company)

419 North Magnolia Avenue  
(Address)

Orlando, Florida 32801  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ricardo Calzada, II at (407) 648-8212  
(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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Island Peefs Resort, Inc.  
2. The principal office address: 5895 Carrier Drive  
Orlando, Florida 32819  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 11/25/2002 Document number: PO2000125218

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Sotolongo Peter  
5895 Carrier Drive  
Orlando, Florida 32819

FILED  
07 FEB 15 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Dorough, Calzada & Hammer, P.L.  
419 N. Magnolia Avenue  
(P.O. Box NOT acceptable)  
Orlando, Florida 32801

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]  
(Signature of an officer or director)

Dan Marshall ceo  
(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]  
(Signature of Registered Agent)

2/12/07  
(Date)

If signing on behalf of an entity:

Ricardo Calzada, II  
(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 (8/05)