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DEPARTMENT OF STATE



COVER LETTER

TO:	Amendment Section Division of Corporations
SURT	Fisher Island Investments, Inc
SCD0.	Name of Corporation
DOCU	P04000139730 JMEN'T NUMBER:
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filling.
	return all correspondence concerning this matter to the following:
	Robert Sosa
	Name of Contact Person
	Fisher Island Holdings, LLC
	Firm/Company
	Address
	One Fisher Island Drive Fisher Island, Florida 33109
	City/State and Zip Code
	rsosa@fisherisland.com
	E-mail address: (to be used for future annual report notification)
	L-man address. (to be used for return annual report neutrons)
For fu	ther information concerning this matter, please call:
Rober	t Sosa 305 535-6056
	Name of Contact Person at () Area Code & Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Department of State.
	Mailing Address: Amendment Section Street Address: Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
•	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301



ION SERVICE COMPANY.								
	ACCOUNT NO.	:	12000000195					
	REFERENCE	:	100					
	AUTHORIZATION	:	\$ 35.00					
	COST LIMIT	:	\$ 35.00					
ORDER DATE :								
ORDER TIME :	3:26 PM							
ORDER NO. :	-010							
CUSTOMER NO:								
	CHANGE OF A	GEN	<u>T</u>					
NAME: FISHER ISLAND INVESTMENTS, INC								
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:								
CERTIFIED COPY XX PLAIN STAMPED COPY								
CONTACT PERSON	: Susie Knight	:	EXT# 52956 EXAMINER:					

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statu poration organized under the laws of the State of flice or registered agent, or both, in the State of Florid		-	
1. The name of	the corporation: Fisher Islan	nd Investments, Inc			
2. The principal	office address: One Fisher	Island Drive			
		nd, Florida 33109			
3. The mailing a	ddress (if different):				_
4. Date of incorp	poration/qualification: 10/0	08/2004 Document number: P040001397	30		<u>-</u>
	street address of the current timent of State: (If resigned	nt registered agent and registered office on file with th , enter resigned)	e		
	REBAK L. JOSEPH				
	1441 BRICKELL AVENUE	E, 15TH FLOOR MIAMI, FL 33131			
			Ξ	1,	
6. The name and (if changed):	street address of the new r	egistered agent (if changed) and /or registered office		1PR -	,
	Corporation Service Comp	pany		\sim	
	1201 Hays Street				,
	~ 1	P.O. Box NOT acceptable	골을	5 5 2	
	Tallahassee	FL 32301	25	7	
The street address changed will	ss of its registered office a be identical.	and the street address of the business office of its reg	istered agei	nt,	
Such change was authorized by th	s authorized by resolution e board, or the corporation	duly adopted by its board of directors or by an office has been notified in writing of the change.	er so		
1/2	fil from	Robert Sosa, President			
/	re of an officer or director	Printed or typed name and title		•	
I further agree to performance of agent. Or, if this hereby confirm	the appointment as registe o comply with the provision my duties, and I am familic s document is being filed m that the corporation has be n Service Copppany	red agent and agree to act in this capacity, ms of all statutes relative to the proper and complete ar with and accept the obligation of my position as r nerely to reflect a change in the registered office add een notified in writing of this change.	egistered fress, I		
By	Toervice Company	4-2-54 Date			
Sign	nature of Registered Agent	Date			
If signing on be	_	e G. Knight t Vice President			
	ped or Printed Name				

Make checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (03/12)

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