P07000046549

(Re	equestor's Name)		
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COVER LETTER

TO:	Amendment Section Division of Corporations	
SUBJI	ECT: Island Casinos of Florida, Inc.	Corporation)
	(Name of	sorporation)
DOCL	JMENT NUMBER: P07000046549	
The en	closed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matte	er to the following:
	Ryan E. Willits, Esq.	
	(Name of Co	ontact Person)
	Willits & Associates, P.A.	
	(Firm/C	ompany)
	·	
	2499 Glades Road, Suite 210	
	(Add	dress)
		·
	Boca Raton, FL 33431	
	(City/State a	nd Zip Code)
For fur	rther information concerning this matter, please	call:
Ryan	E. Willits, Esq.	
Ttyan	(Name of Contact Person)	at (561) 353-2400 (Area Code & Daytime Telephone Number)
	· de	
Enclos	ed is a \$35.00 check made payable to the Depart	tment of State.
	Mailing Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
	Tallahassee, FL 32314	2661 Executive Center Circle
	-	Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Island Casinos of Florida, inc.	
2. The principal	office address: 2499 Glades Road, Suite 210	
Boca Raton	n, FL 33431	
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 04/16/2007 Document number: P07000046549	
	d street address of the current registered agent and registered office on file with the riment of State:	
	Law Offices of Judith A. Jarvis, P.A.	•
	1260 E. Oakland Park Blvd., Suite 200	ļ
	Fort Lauderdale, FL 33334	•
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office ?	り
	Willits & Associates, P.A.	
	2499 Glades Road, Suite 210	
	(P.O. Box NOT acceptable)	
	Boca Raton, FL 33431	
The street address changed will	ess of its registered office and the street address of the business office of its registered agent, l be identical.	
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
(Stignal)	Couper A Rose Res. (Printed or typed name and title) Res.	
I hereby accept I further agree of my duties, an document is be corporation ha	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance nd I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.	
Kyp	ignature of Registered Agent of private (Date)	
If signing on be	ehalf of an entity: E. Willts as president	
11 7001	Tuned or Printed Name)	

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