P95000039049

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COVER LETTER

TO: Amendment Section Division of Corporation	ons	
SUBJECT: Island Secui	rity Technologies, Inc. (Name of Corporate	ion)
DOCUMENT NUMBER: P	95000029049	
The enclosed Statement of Cha	ange of Registered Office/Agent	and fee are submitted for filing.
Please return all correspondence	ce concerning this matter to the	following:
A.L. Tidw	/ell (Name of Contact Pe	erson)
Albert L.	Tidwell, Attorney (Firm/Company))
10480 Str	ringfellow Road, Suite 2 (Address)	
St. James	City, Florida 33956 (City/State and Zip C	Code)
For further information concer	ning this matter, please call:	
A.L. Tidwell (Name of Conta	act Person) at (239) 283-8899 Area Code & Daytime Telephone Number)
Enclosed is a \$35.00 check ma	ide payable to the Department of	State.
Divis P.O. I	ng Address: Indment Section Identification of Corporations Box 6327 Indexessee, 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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
	office address: 2466 N. Westwood Drive, North Fort Myers, Florida 33917
3. The mailing a	ddress (if different): PO Box 655, Matlacha, Florida 33993
4. Date of incorp	poration/qualification: April 10, 1995 Document number: P95000029049
	street address of the current registered agent and registered office on file with the tment of State:
	Peter J. Doster
	10480 Stringfellow Road, Suite 2
	St. James City, Florida 33956
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Peter J. Doster
	Peter J. Doster
	2466 N. Westwood Drive, North Fort Myers, Florida 33917 (P.O. Box NOT acceptable)
	ss of its registered office and the street address of the business office of its registered agent, be identical.
Salar	s authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change. Potential To Dos Tale Wass I was I wa
	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the been notified in writing of this change.
Jet (Sie	inature of Registered Agent) (Date)
If signing on bel	half of an entity:
(T	yped or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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