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TRANSMITTAL LETTER

SUBJECT: Passage Island Homes, Inc.
(Name of corporation)
DOCUMENT NUMBER: P97000059146
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:
Brian F. Adams
Please return all correspondence concerning this matter to the following: Brian F. Adams (Name of person) Passage Island Homes, Inc. (Name of firm/company)
Passage Island Homes, Inc.
(Name of firm/company)
720 C Commerce Center Drive
(Address)
Sebastian FL 32958 (City/state and zip code)
For further information concerning this matter, please call:
Brian F. Adams at (772) 388-3624 (Name of 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 Division of Corporations 409 E. Gaines Street Tallahassee, FL 32319

TO:

Amendment Section Division of Corporations

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

Pursuant to the pro	ovisions of sections 607.0502 , 617.0502 , 607.1 .	508, or 617.1508, Florida Statutes,	this statement of
change is submitte	d for a corporation organized under the laws o	f the State of Florida	in order
to change its regist	tered office or registered agent, or both, in the	State of Florida.	
1. The name of the	corporation: Passage Island Homes, Inc.	The second secon	* *** *** *** ***
2. The principal of	fice address: 720 C Commerce Center Dri	ve	<u>+ </u>
	Sebastian, FL 32958		
3. The mailing add	ress (if different):	<u> </u>	<u> </u>
4. Date of incorpor	ation/qualification: 07/07/97 Do	cument number: P9700005914	46
5. The name and st Florida Departm	treet address of the current registered agent and tent of State:	registered office on file with the	
_	Adams, James R.		<u>. </u>
_	126 43rd Avenue		O4 MAR
	Vero Beach, FL 32968		至三四
6. The name and si (if changed):	treet address of the new registered agent (if cha	nged) and /or registered office	LED 2 PH I
	Brian F. Adams		ORBIT
	720 C Commerce Center I	Orive	>
_	(P.O. Box or personal mailbox NO	T acceptable)	<u> </u>
_	Sebastian, FL 32958	<u> </u>	
The street address changed will be id	of its registered office and the street address lentical.	of the business office of its regis	tered agent, as
Such change was the board, or the c	authorized by resolution duly adopted by its corporation has been notified in writing of the	poard of directors or by an office change.	r so authorized by
Migra	nature of an officer or director)	Brian F. Adams, Director	title)
I turther agree to	e appointment as registered agent and agree comply with the provisions of all statutes rela amiliar with and accept the obligation of my to reflect a change in the registered office at riting of this change.	itive to the proper and complete i	performance of my if this document is corporation has
X AM	gnature of Registered Agent)	3/11 (Date)	
If signing on beha		, (, ,	
		The second of th	
(Typed or Printed Name)	(Capacity)	

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