

(Requestor's Name)					
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(City)Chata (Zia/Ohana 40)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECTION AND THE BOOK

R WHITE
JUN 12 2018

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: H & S ISLAND ACQUISITIONS INC. Name of Corporation				
DOCUMENT NUMBER: P98000006849				
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:				
SHAY DOLLAR				
Name of Contact Person				
H & S ISLAND ACQUISITIONS INC.				
Firm/Company				
2601 NEWFOUND HARBOR DRIVE				
Address				
MERRITT ISLAND, FL 32952				
City/State and Zip Code				
N/A				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Contact Person at () Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				
Mailing Address: Street Address:				
Amendment Section Amendment Section Division of Corporations Division of Corporations				
P.O. Box 6327 Clifton Building				

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

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

statement of che	provisions of sections 607.0302, 617.030. inge is submitted for a corporation organ er to change its registered office or registe	ized under the laws of the State of FLC	DRIDA		
I The name of	the corporation: H & S ISLAND AC	QUISITIONS INC.			
2. The principal	office address: 890 N COURTENA	Y PARKWAY, MERRITT ISL	AND, FL 3295		
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 01/22/1998	Document number: P980000	06849		
	d street address of the current registered a rtment of State: (If resigned, enter resigne		the		
	890 N COURTENAY PARKWAY				
	MERRITT ISLAND, FL 32953	3	Es =		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office				
	2601 NEWFOUND HARBOR DRIVE				
	MERRITT ISLAND, FL 32952				
	P.O. Box NOT	acceptable			
The street address changed will	ess of its registered office and the street a be identical.	address of the business office of its re	gistered agent.		
Such change was authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an offi ified in writing of the change.	cer so		
Shay (ire of our officer or director	SHAY DOLLAR Printed or typed name and title			
I further agree performance of agent. Or, if th	the appointment as registered agent and to comply with the provisions of all statumy duties, and I am familiar with and act is document is being filed merely to reflect that the corporation has been notified in	d agree to act in this capacity. It agree to act in this capacity. It is relative to the proper and comple It is completed the completed of the completed agree to the completed of the complete agree to the complete comp	registered		
Mux	plla	06/01/2018			
V	nature of Registered Agent	Date	- ·		
If signing on be	half of an entity:				
—————	yped or Printed Name				

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