## V40500

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## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: /SLANS CONSULTANTS ING Name of Corporation
DOCUMENT NUMBER: V 40 500
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:
PETER ZOSCHAK VIK Name of Contact Person
ISLAND CONVETANTS INC Firm/Company
Firm/Company
118 MINNUE ST SUITE #1020
Address
LAKE MARY FL 32746 CryState and Zip Code
City/State and Zip Code
AZTA @ RENGAN. COM.
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Perez Zoschak VZ at (407) 324-9870  Name of Contact 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORP<del>ORATI</del>ONS

statement of chang	e is submitted j	for a corpora	tion organized	under the laws of t	08, Florida Statute the State of <b>FL</b> the State of Florida	ORINA
1. The name of the	corporation:	NLAND	CONSULT	ANTS INC		
2. The principal of	fice address:		<del></del>	SUITE		
3. The mailing add	lress (if differen		MARY, FL	. 32746		
4. Date of incorpor	ration/qualifica	tion: 6/	12/1992	Document numb	er: <u>V4050</u>	
5. The name and st Florida Departm				and registered offi	ice on file with the	
-4	Perez 2					
			R I)RIV			의 기
_	MAMI	DEACH	JA .	13141		NS ARI
6. The name and st (if changed):	٨	the new regis		changed) and /or r	registered office	PR 13 P
	118 MI	1)1)65	O. Box NOT accept	TE #102	0	4 12: 16
	LAKE	MARRY	p	32746		_
The street address as changed will be	of its registere identical.	ed office and	the street addr	ess of the business	s office of its regis	tered agent,
Such change was a authorized by the	authorized by r board, or the c	esolution dul orporation ha	y adopted by i s been notified	is board of director in writing of the	ors or by an officer change.	so
Film	Man officer or direc	tor	_ 8	TER Zosc Hz Printed or typ	ed name and little	ES
I hereby accept the I further agree to	e appointment comply with th y duties, and I document is be	as registerea e provisions am familiar v ing filed mer	of all statutes i vith and accep ely to reflect a	elative to the proj t the obligation of change in the reg	per and complete my position as reg istered office addr	zistered ess, 1
Bring	sof-			2/28/15		
	of Registered Ag	ent	_	Ī	Date	
If signing on beha PETER Zob Type	•	₹				

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