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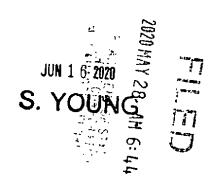
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COVER LETTER

TO: Amendment Section Division of Corporations	
	1
SUBJECT: I slands - Ma	irtinique Association, Inc
Name of Corporation	
POCHMENT NUMBER 7358	74/0
DOCUMENT NUMBER: 7 3 7 2	$\rightarrow 1 \varphi$
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:
Joshua Krut, Esq.	
Name of Contact Person	
Kopelowitz Ostrow	
Firm/Company	
1 West Las Olas Blvd., Ste. 500	
Address	
Fort Lauderdale, FL 33301	
City/State and Zip Code	·
krut@kolawyers.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	lease call:
Joshua Krut	at (561)998-2006
Name of Contact Person	at (S61) 998-2006 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Islands - Martinique 2. The principal office address: 3009 JK Property management, LLC 3. The mailing address (if different): 2500 Hollywood Bird, 50 to 209 4. Date of incorporation/qualification: 5/18/1976 Document number: 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) Strow Fergusun Weiselberg Gilbert 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Kopelowiz Ostrow/Attn: Joshua Krut, Esq. 1 W. Las Olas Blvd., Ste. 500 P.O. Box NOT acceptable Fort Lauderdale, FL 33301 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. Printed or typed name and title Signature of an officer or director I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

If signing on behalf of an entity:

Typed or Printed Name

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