## 735846

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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SECRETARY OF STATE

A. BUTLER AUG - 1 2022

## COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: \_\_ ISLANDS-MARTINIQUE ASSOCIATION, INC. Name of Corporation

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:

DANIEL WASSERSTEIN

Name of Contact Person

WASSERSTEIN, P.A.

Firm/Company

301 YAMATO ROAD, SUITE 2199

Address

BOCA RATON, FL 33431

City/State and Zip Code

danw@wassersteinpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANIEL WASSERSTEIN

Area Code & Daytime Telephone Number

Name of Contact Person

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 CORPORATIONS

statement of cha	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1500 nange is submitted for a corporation organized under the laws of th er to change its registered office or registered agent, or both, in th	ne State of FLORIDA
1. The name of t	the corporation: ISLANDS-MARTINIQUE ASSOCIATION	TION, INC.
	office address: 1893 SOUTH OCEAN DRIVE, HALL	
	address (if different): C/O VESTA PROPERTY SERVICES 310, HOLLYWOOD, FL 33020	, 2500 HOLLYWOOD BLVD
4. Date of incorp	rporation/qualification: 5/18/1976 Document number	<sub>r:</sub> 735846
5. The name and	nd street address of the current registered agent and registered offic artment of State: (If resigned, enter resigned)	e on file with the
KOPELOWIZ OSTROW, ATTN: JOSHUA KRUT, ESQ.		
	1 W LAW OLAS BLVD., STE 500	20 S£
	FORT LAUDERDALE, FL 33301	CRES CALL
FORT LAUDERDALE, FL 33301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		
	WASSERSTEIN, P.A.	AM 7:
	301 YAMATO ROAD, SUITE 2199	: 32 ATE
	P.O. Box NOT acceptable BOCA RATON, FL 33431	
The street address changed will	ress of its registered office and the street address of the business ll be identical.	office of its registered agent,
	vas authorized by resolution duly adopted by its board of director the board, or the corporation has been notified in writing of the c	
Signatu	sture of an officer or director Printed or type	ed name and title
I further agree performance of agent. Or, if the	of the appointment as registered agent and agree to act in this ca e to comply with the provisions of all statutes relative to the prop of my duties, and I am familiar with and accept the obligation of his document is being filed merely to reflect a change in the regi A that the corporation has been notified in writing of this change	ier and complete my position as registered istered office address, I
XXXIII	5/17/2022	
<del></del>	Complete Com	ate
• •	pehalf of an entity:	
Typed or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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