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ALLAHASSEE, FLORIO

2008 5/19/08

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJE	Nettles Island, Inc. (Name of Corporation)					
	(rame of corporation)					
DOCUMENT NUMBER: 718120						
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:						
Mary R. Harvey, Esquire						
	(Name of Contact Person)					
	Becker & Poliakoff, P.A.					
	(Firm/Company)					
1850 Fountainview Blvd., Suite 103						
	(Address)					
	Port St. Lucie, FL 34986					
	(City/State and Zip Code)					
For furtl	ther information concerning this matter, please call:					
Mary R. Harvey, Esquire						
Mary R. Harvey, Esquire at (772) 871-9320 (Name of Contact Person) (Area Code & Daytime Telephone Number)						
	(**************************************	ŕ				
Enclosed is a \$35.00 check made payable to the Department of State.						
	Mailing Address: Amendment Section Street Address: Amendment Section					
	Division of Corporations Division of Corporations					
	P.O. Box 6327 Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle					
	Tallahassee FL 32301					

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

•	·	1.0502, 607.1508, or 617.1508, Fl rganized under the laws of the Sto		
in order to chan	ige its registered office or re	egistered agent, or both, in the Sta	ite of Florida.	
31. The name of the corpo	ration: <u>Nettles Islan</u>	d, Inc.		
2. The principal office address: 9801 S. Ocean Drive				
	Jensen Beach,	FL 34957	·	
3. The mailing address (i	f different):			
4. Date of incorporation/o	qualification: <u>3/31/197</u>	O Document number: _71	18120	
5. The name and street ac Florida Department of	_	red agent and registered office on	file with the	
	Jane Cornett,	Esquire		
	401 E. Osceol:	a St.		
	Stuart, FL 349	997		
(if changed):	Becker & Polis Mary R. Harvey 1850 Fountain (P.O. Box NOT accep Port St. Lucie	y. Esquire view Blvd., Suite 103 pable) e, FL 34986	SSEE FLORIDA	
		reet address of the business offic		
Such change was author authorized by the board,	ized by resolution duly add , or the corporation has been	opted by its board of directors or an notified in writing of the chan	by an officer so ge.	
Sant Pol	W.Colm	HARRY L. M.	Pable	
of my duties, and I am for document is being filed is corporation has been not have.	pintment as registered agen y with the provisions of all amiliar with and accept the merely to reflect a change i otified in writing of this cha legistered Agent) n entity:	(Printed or typed not and agree to act in this capacity statutes relative to the proper act obligation of my position as regin the registered office address, inge.	ity. nd complete performance	

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