

P09000060606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Island flea  
Name of Corporation

**DOCUMENT NUMBER:** P09000060606

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:

Nicole Heslop  
Name of Contact Person

Island flea  
Firm/Company

5704 Marina DR  
Address

Holmes Bch FL 34217  
City/State and Zip Code

Islandflea@Tampabay.fl.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Heslop at (941) 778-4402  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
10 DEC 13 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

December 3, 2010

NICOLE HESLOP  
5704 MARINA DR  
HOLMES BEACH, FL 34217

SUBJECT: ISLAND FLEA CORPORATION  
Ref. Number: P09000060606

We have received your document for ISLAND FLEA CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6957.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 010A00028199

**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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Island flea
2. The principal office address: 5704 Marina DR Holmes Bch  
FL 34217
3. The mailing address (if different): 502 68th St Holmes Bch  
FL 34217
4. Date of incorporation/qualification: 07/16/09 Document number: P09000060606
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)

Jonk Westergard

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Nicole Heslop  
5704 Marina DR  
Holmes Bch FL 34217

P.O. Box NOT acceptable

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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.

Nicole Heslop  
Signature of an officer or director

Nicole Heslop  
Printed or typed name and title

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.

Jon Westergard  
Signature of Registered Agent

11/22/10  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314