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T. ROBERTS

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

The Breeze Corporation

Name of Corporation

J84160

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:

Charles Deremer

Name of Contact Person

The Ogden Newspapers, Inc.

Firm/Company

1500 Main Street

Wheeling, WV 26003

City/State and Zip Code

cd@ogdennews.com

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

For further information concerning this matter, please call:

Charles Deremer

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 CORPORATIONS

	-	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of	
	6 6 2	registered agent, or both, in the State of Florida.	
1. The name of	the corporation: The Breeze C	orporation	
2. The principa	l office address: 2510 Del Prac	do Blvd	
Cape Co	ral, FL 33904		
3. The mailing	address (if different):		
4. Date of incor	rporation/qualification: 584	100 Document number: J84160	
	d street address of the current regist rtment of State: (If resigned, enter r	•	
	Scott Blonde		
	2207 Southeast 20th Place		
	Cape Coral, FL 33990		
6. The name an (if changed):	——————————————————————————————————————	ed agent (if changed) and /or registered office	
	Scott Blonde	<u>~</u>	
	2510 Del Prado Blvd	·	
		ox NOT acceptable	
	Cape Coral, FL 33904		
The street addr as changed wil	ress of its registered office and the l be identical.	street address of the business office of its registered agent,	
Such change wauthorized by t	as authorized by resolution duly ache board, or the corporation has be	dopted by its board of directors or by an officer so seen notified in writing of the change.	
-	U. W	Duane D Wittman, Treasurer	
I hereby accept I further agree	t the appointment as registered ag to comply with the provisions of a f my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address, I ified in writing of this change.	
- Nott	Blood	10-23-12	
- '	gnature of Registered Agent	Date	
If signing on be	ehalf of an entity:		
	Typed or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	

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