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COVER LETTER

TO:	Amendment Section Division of Corporations	5
SUBJ		基
	Name of Corporation	(A)
DOCU	MENT NUMBER: N04000002912	-
	iclosed Statement of Change of Registered Office/Agent and fee are submitted for	Glina

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:

CAIL P. BLACKHERON Name of Contact Person
Name of Contact Person
SOUTH GATE VILLAGE BREW CONDOMINIUM Firm/Company SECTION 10 ASSEC.
Firm/Company Section 10 Assec.
3322 DARTHOUTH LANE
SARASOTA FL 34239 City/State and Zip Code
E-mail address: (to be used for uture annual report notification)
E-mail address: (to be used for Juture annual report notification)

For further information concerning this matter, please call:

SAIL P. BLACKHER at (941) 921-1628

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617. statement of change is submitted for a corporation organized under the laws of the change in the change is submitted for a corporation organized under the laws of the change in	of the State of Florida		
in order to change its registered office or registered agent, or both, in the name of the corporation: South Gate Village Green Condominium Section 2.	Ţ.		
2. The principal office address: 3322 Dartmouth Lane, Sarasota	, FL 34239		
3. The mailing address (if different):			
4. Date of incorporation/qualification: 03/17/2004 Document number 1	nber: N0400002912		
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)			
Becker & Poliakoff, P.A.			
6230 University Parkway, Suite 204			
Sarasota, FL 34240			
6. The name and street address of the new registered agent (if changed) and /c (if changed):	or registered office		
Becker & Poliakoff, P.A.			
1819 Main Street, Suite 905	MH 11: 21		
P.O. Box NOT acceptable Sarasota, FL 34236	ス語 500 2		
The street address of its registered office and the street address of the business changed will be identical.	ess office of its registered agent,		
Such change was authorized by resolution duly adopted by its board of direct authorized by the board, or the corporation has been notified in writing of the	ctors or by an officer so ne change.		
Signature of an officer or director Printed or	CAISIA Passident		
I hereby accept the appointment as registered agent and agree to act in this I further agree to comply with the provisions of all statutes relative to the performance of my duties, and I am familiar with and accept the obligation agent. Or, if mis document is being filed merely to reflect a change in the rhereby confirm that the corporation has been notified in writing of this chain	capacity. roper and complete of my position as registered egistered office address, I nge.		
Signature of Registered Agent	26/19 Date		
If signing on behalf of an entity:			
Kevin L. Edwards, Esq.			
Typed or Printed Name			

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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 * * *