## N05000010433

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## **COVER LETTER**

TO: Amendment Section Division of Corporations				
SUBJECT: Breezes at Palm Aire Condominium Association, Inc.  Name of Corporation				
DOCUMENT NUMBER: N05000010433				
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:				
Bridgette E. Bonet, Esq. Name of Contact Person				
Association Law Group, P.L. Firm/Company				
1666 Kennedy Causeway, Suite 305 Address				
North Bay Village, FL 33141 City/State and Zip Code				
bbonet@algpl.com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bridgette E. Bonet, Esq. at ( 305 ) 938-6922 x140  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  Street Address:  Amendment Section  Division of Corporations				

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of chan	rovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florid ge is submitted for a corporation organized under the laws of the State o to change its registered office or registered agent, or both, in the State o	f Florida
	e corporation: Breezes at Palm Aire Condominium Ass	
2. The principal of	ffice address: 1200 Ponce De Leon Boulevard, Coral Gables	, FL 33 134
3. The mailing add	dress (if different): 2801 North Course Drive, Pompano Beach	h, FL 33069
4. Date of incorpo	oration/qualification: 10/06/2005 Document number:	N05000010433
	street address of the current registered agent and registered office on file ment of State: (If resigned, enter resigned)	with the
<u>(</u>	Guarch, JM	
	255 University Drive	
<u>(</u>	Coral Gables, FL 33134	
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered of	office The state of the state o
	Association Law Group, P.L.	
-	1666 Kennedy Causeway, Suite 305	
<b>.</b>	P.O. Box NOT acceptable  North Bay Village, FL 33141	**
-		
as changed will b		
Such change was authorized by the	authorized by resolution duly adopted by its board of directors or by board, or the corporation has been notified in writing of the change.	an officer so
	Odaly 5 of aprofficer or director  Printed or typed raine an	Bode
I hereby accept the I further agree to of my duties, and document is being	of afforficer of director Printed or typed name and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and c l am familiar with and accept the obligation of my position as registe g filed merely to reflect a change in the registered office address, I here een notified in writing of this change.	a atle
Signat	ture of Registered Agent Date	4011
If signing on beha	alf of an entity:	
Турк	ed or Arinted Name  * * * FILING FFF: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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