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| (Re | equestor's Name) | | | |
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| PICK-UP | ☐ WAIT | MAIL | | |
| (B | usiness Entity Na | me) | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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SECRETARY OF STATE
DIVISION OF COMPORATION

ORDER ALIC 22 AM 4: 21

AUG 3 0 2016 C LEWIS

COVER LETTER

Amendment Section Division of Corporations TO:

| THE BRIG O'DOON CONDOMINIUM ASSOCIATION, INC. | | | | |
|--|--|--|--|--|
| Name of Corporation | | | | |
| DOCUMENT NUMBER: 750018 | | | | |
| 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: | | | | |
| David Brough Name of Contact Person | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | |
| Brough, Chadrow & Levine, P.A. | | | | |
| Firm/Company | | | | |
| 2149 North Commerce Parkway | | | | |
| Address | | | | |
| Weston, FL 33326 | | | | |
| City/State and Zip Code | | | | |
| dbrough@bclpa-law.com | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| | | | | |
| For further information concerning this matter, please call: | | | | |
| David Brough Name of Contact Person Name of Contact Person Name of Contact Person Name of Contact Person Area Code & Daytime Telephone Number | | | | |
| 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

| statement of cha | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida. | | |
|------------------------------------|--|--------------------|---------|
| 1. The name of t | he corporation: THE BRIG O'DOON CONDOMINIUM ASSOCIAT | TION, IN | C. |
| | office address: C/O EXCLUSIVE PROPERTY MANAGEMENT | | |
| 2945 WI | EST CYPRESS CREEK RD. 201 FT. LAUDERDALE, FL 333 | 309 | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 11/20/1979 Document number: 750018 | | |
| 5. The name and | street address of the current registered agent and registered office on file with the trment of State: (If resigned, enter resigned) | | |
| | Brough, Chadrow & Levine, P.A. | | |
| | 1900 North Commerce Parkway | | ; |
| | Weston, FL 33326 | 16 A | |
| 6. The name and (if changed): | street address of the new registered agent (if changed) and /or registered office | 2016 AUG 22 | 1000 HO |
| | Brough, Chadrow & Levine, P.A. | AH 9 | |
| | 2149 North Commerce Parkway |): 35 | |
| | P.O. Box NOT acceptable Weston, FL 33326 | | |
| The street addre | ess of its registered office and the street address of the business office of its regist be identical. | ered agent, | |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer board, or the corporation has been notified in writing of the change. | so | |
| | And an officer for a freed of the Country of the state of the country of the coun | | _ |
| I juriner agree i | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as reg is document is being filed merely to reflect a change in the registered office addri that the corporation has been notified in writing of this change. | ristered ess, I | |
| Sig | nature of Registered Gent Date | | |
| L | half of an entity: B N N N N N N N N N | | |

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