

717125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

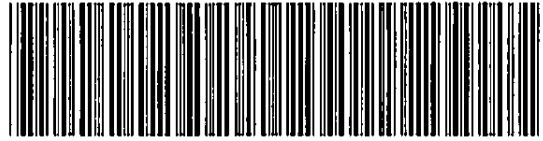
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LAW OFFICES

WILLIAM G. MORRIS, P.A.

William G. Morris, Esq.
Admitted in FL, DC, VA

Of Counsel
Constance M. Burke, Esq.

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247 N. Collier Blvd., Suite 202
Post Office Box 2056
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August 2, 2024

Via Federal Express

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe St., Suite 810
Tallahassee, FL 32303

Re: Sea Breeze West Apartments Condominium, Inc.
Statement of Change of Registered Agent
Our File No. 24COM004

To Whom It May Concern:

Enclosed please find check in the amount of \$35.00 made payable to the Florida Department of State for filing fee of the Statement of Change of Registered Office/Agent for the above referenced entity.

If you have any questions, please contact our office. Thank you for your prompt attention to this request.

Sincerely,

William G. Morris, Esq.

WGM/gms d:30
Enclosures

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: SEA BREEZE WEST APARTMENTS CONDOMINIUM, INC.
Name of Corporation

DOCUMENT NUMBER: 717125

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:

WILLIAM G. MORRIS

Name of Contact Person

LAW OFFICES OF WILLIAM G. MORRIS, P.A.

Firm/Company

247 N. COLLIER BLVD., SUITE 202

Address

MARCO ISLAND, FL 34145

City/State and Zip Code

wgm@wgmorrislaw.com

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

For further information concerning this matter, please call:

WILLIAM G. MORRIS

at (239) 642-6020

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: SEA BREEZE WEST APARTMENTS CONDOMINIUM, INC.
2. The principal office address: 235 SEAVIEW COURT, MARCO ISLAND, FL 34145
3. The mailing address (if different): P.O. BOX 597, MARCO ISLAND, FL 34146
4. Date of incorporation/qualification: 09/10/1969 Document number: 717125
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)
- JAMIE B, GREUSEL
- 1104 N. COLLIER BLVD
- MARCO ISLAND, FL 34145

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- WILLIAM G. MORRIS
- 247 N. COLLIER BLVD., SUITE 202
- P.O. Box NOT acceptable
- MARCO ISLAND, FL 34145

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.

 Thomas Burkett President
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.

Signature of Registered Agent _____ Date 8/2/24

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
CR2E045 (04/13)

FILED
2024 AUG -7 AM 11:08
SPECIAL AGENT
JULIUS ROBERT