## 74 9514

(Re	questor's Name)	
(Ad	dress)	
(Ad	ldress)	<del></del>
(Cit	ty/State/Zip/Phone	e #)
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
SUBJECT: Breezewood Vilage Condominium Asso Name of Corporation	ociation Inc.
DOCUMENT NUMBER: 749514	
The enclosed Statement of Change of Registered Office/Agent a	and fee are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Steven L Stone  Name of Contact Person  Breezewood Vilage Condominium Association In	<b>-</b>
Firm/Company	<del>-</del>
101 Grand Plaza Dr	
Address	_
Orange City, FL 32763	<u>_</u> .
City/State and Zip Code	
breezewood@cfl.rr.com E-mail address: (to be used for future annual report notific	ation
	ationy
For further information concerning this matter, please call:	
Steven L Stone	607 368-6437 rea Code & Daytime Telephone Number
Name of Contact Person A	rea Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of	State.
	address: ment Section n of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

Pursuant to the p statement of chan in order	ige is submitted	for a co	rporation o	organize	d under the l		of Flo	orida
i. The name of th	_	_	•	•	_		•	
2. The principal of	_							32763
3. The mailing ad	ldress (if differ	ent):						
4. Date of incorporation/qualification: 10/25/1979 Document number: 7							749	514
5. The name and Florida Depart	street address oment of State: (				nt and registe	red office on file	with th	ne
		В	adour, J	uanita				- >
		1	01 Grand	d Plaza	a Dr. CH-E	39		2021
•		(	Orange C	ity, FL	32763			2021 SEP 28
6. The name and (if changed):			_	- `	if changed) a	and /or registered	office	28 PH12:5
			L Stone			<del>.</del>		5 - 5
		101 Gi	and Plaz					
		Orang	e City, F		OT acceptable 2763			
The street address as changed will l								
Such change was authorized by the	s authorized by e board, or the	resolut corpora	ion duly ad tion has be	lopted b en notifi	y its board o led in writin	f directors or by g of the change.	an offi	cer so
Llower	Mork of an officer or dir	4			Warren M	larks, Secreta	ary	
I hereby accept to I further agree to of my duties, and document is bein corporation has	tha annoiutua		istered age isions of al d accept th at a change of this ch	ent and a ll statute le obliga in the r ange.	igree to act i s relative to tion of my p egistered off	in this capacity the proper and osition as regist fice address, I he	complet ered ag ereby co	te performance ent. Or, if this onfirm that the
Stim	-37	ton	<u> </u>	_		9/15/2021		
Sign If signing on bel	nature of Registered	_				Date		
. <b>.</b>	•							
Ту	ped or Printed Nam	e						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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