## 61000043130

(Requestor's Name)				
(Address)				
(Address)				
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(Čity/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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SECRETARY OF STATE
AN AMASSEE, FLORIDA

OR 11-29

## **COVER LETTER**

Division of Corporations				
SUBJECT: Breakwater Capital Group I (Name of L		ility Company)	<del></del>	
Dear Sir or Madam:				
The enclosed Registered Agent/Registered O	office Chang	ge and fee(s) are submitted	for filing.	
Please return all correspondence concerning	this matter t	to the following:		
Gregory A Heinsch		· · · ·		
(Name of Person)				
Breakwater Capital Group IV, LLC (Firm/Company)				
6162 Sea Grass Lane		<del></del>		
(Address)				
Naples, FL 34116			7AS	
(City/State and Zip Code)				
For further information concerning this matter.  Gregory A Heinsch	er, please ca at ( 407	625-0288 (Area Code & Daytime	10V 28 AM II TARY OF STAHASSEE, FL	
(Name of Person)	at (407	(Area Code & Daytime ]	Telenhone Number)	
(Name of 1 dison)		(Titol Code to Day inner	No.	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
\$25 Filing Fee		\$55 Filing Fee & Certified	Сору	

TO: Registration Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	1. The name of the limited liability company is: $\underline{B}$	eakwater Capital Group IV, LLC			
2.	2. The mailing address of the limited liability company is : 6162 Sea Grass Lane				
N	Naples, FL 34116				
A	April 23, 2007	L07000043130			
3. Date of filing/registration in Florida		4. Document number			
5.	5. The name of the registered agent and the registered Florida Department of State:	ed office address as shown on the records of the			
	Quentin M Silic				
		ame			
	6162 Sea Grass Lane				
		dress			
	Naples, FL 34116	ate and Zip			
	• •	•			
6.	6. The name and address of the new registered agen	t and/or office:			
	Gregory A Heinsch				
	Nar	ne			
	6162 Sea Grass Lane				
	Florida street address (P	O. Box NOT acceptable)			
		·L 34116			
	City, State	e and Zip $\Xi_{S}$			
ar lia of or	(Signature of a member or authorized representative of a member)	e, the Florida street address of the registered office be identical. Or, in the case of a Florida limited lange(s) was/were authorized by an affirmative vote as otherwise provided in the articles of organization			
G	Gregory A Heinsch				
•	(Printed or typed name of signee)				
_	I hereby accept the appointment as registered agen comply with the provisions of all statutes relative to and I am familiar with and accept the obligations of Chapter 608, F.S. Or, if this document is being file address, I hereby confirm that the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the limited liability confirms the limited liability confirms that the liability confirms that the limited liability confirms that the	nt and agree to act in this capacity. I further agree to the proper and complete performance of my duties, if my position as registered agent as provided for in did not in the registered office ompany has been notified in writing of this change.			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00