1600148701

· · · · · · · · · · · · · · · · · · ·	5			
(+	Requestor's Name)			
()	Address)	· ·		
(Address)				
- (0	City/State/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
(E	Business Entity Name)			
	Document Number)			
(,	boodiness (values)			
	_ /			
Certified Copies	Certificates of Sta	itus		
Special Instructions to F	iling Officer:			
	*			
007 1 1 CCU4				
	QU1 1 1 1114			

Office Use Only



500437631065

FILED

2024 OCT | | AH | |: 53 RECEVED



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/11/2024		
Name:	Patrice Rush	_	
Reference #:	2525343	<u> </u>	
		RNATIONAL (FLORIDA) LLC,	
Article	s of Incorporation/Authorization	to Transact Business	
☐ Amend	dment		
✓ Chang	ge of Agent		
Reinst	atement		
Conve	ersion		
☐ Merge	r		
☐ Dissol	ution/Withdrawal		
☐ Fictitio	ous Name		
Other			
Authorized A	mount: \$25.00		
Signature:	(Palle		

F: +852.2682.9790

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	BREAKWATER INTERNATIONAL (FLORIDA) LLC			
	Name of	Limited Lial	pility Company	
Dear Sir or Madam:				
The enclosed Registered	Agent/Registered Office C	Change and fe	ee(s) are submitted for filing.	
Please return all correspon	ndence concerning this ma	atter to the fo	ollowing:	
			_	
	lame of Person			
F	irm/Company		-	
	Address		_	
City/	State and Zip Code		-	
E-mail address: (to l	be used for future annual r	eport notific	ation)	
For further information co	oncerning this matter, plea	ise call:		
		. ,	\	
Name of	Person at	. (_) Area Code & Daytime Telepho	ne Number
STREET/COUR			LING ADDRESS:	
Registration Section		_	stration Section	
Division of Corpo Clifton Building	orations	Division of Corporations P.O. Box 6327		
2661 Executive C	antar Cirola		thassee, Florida 32314	
Tallahassee, Flori		Tarre	massee, 1 milda 32314	
Enclosed is a che	eck for the following amo	ount:		
☐ \$25 Filing Fee		□ \$55	Filing Fee & Certified Copy	
INHS18 (2/14)				

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

Name of the limited liability company: BREAKWATER INTERNATIONAL (FLORID On the limited liability company) BREAKWATER INTERNATIONAL (FLORID ON the liability company BREAKWAT			ERNATIONAL (FLORIDA) LLC		
2. (a)			(b)	
2. (11)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(" ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2280 Avocado Ave, Unit 12A			1317 Edgewater Dr, Unit 1872
		MELBOURNE, FL 32935			ORLANDO, FL 32804
		08/03/2016			L16000148701
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	LEGALINC CORPORATE SERVICES	S INC.		
	(11)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept, of	State:
					··· ~
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 RIVERSIDE AVE.				1024 OCT	
		JACKSONVILLE . FI	د.	32202	
					AHII: 20 OF STATE OF STATE
(b)		Cogency Global Inc.			
		Enter name of NEW Registered Agent and/or NEW Registered Office address:		20	
		115 North Calhoun Street, Suite	4		
		NEW Registered Office Address:			
		Tallahassee, F[32301	
the age was the I he pro the	cha nt v arti ludiv ghat erel visi obl	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of cles of organization or the operating agreement of the bravilly. Bravilly Brav	f the reiability of the climite - ree to coperfor	egistered of company. limited liab ed liability act in this crimance of in Chapter	ffice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Austin Browning, Secretary Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed
noti	iere jiei X	igations of my position as registered agent as provide ily reflect a change in the registered office address, I L'inwriting of this change.	a jor hereb	n Chapter Econfirm ti	hat the limited liability company has been