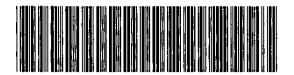
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(Ad	dress)	
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(Cit	y/State/Zip/Phone	; #)
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SECRETARY OF STATE
TALLAHASSEE, FIORE

C. LEWIS

JUL 2 6 2013

EXAMINER

COVER LETTER

TO: Amendment Section Division of Corporations Beekman Lakes Condominium Association, Inc. Name of Corporation N01510 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: Kevin T. Wells, Esq. Name of Contact Person The Law Offices of Kevin T. Wells, P.A. Firm/Company 1800 Second Street, Suite 808 Address Sarasota, Florida 34236 City/State and Zip Code kwells@kevinwellspa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kevin T. Wells, Esq. Name of Contact Person

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

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: Beekman Lakes Condominium Association, Inc.	
2. The principal office address: 16 Church Street, Osprey, Florida 34229	
3. The mailing address (if different): 16 Church Street, Osprey, Florida 34229	
4. Date of incorporation/qualification: 01/27/1997 Document number: N01510	
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)	
Michael L. Holzman	
4419 Winston Lane South	
Sarasota, Florida 34235 Sarasota, Florida 34235 ARE 25 ASS 25 C The name and street address of the new emistered event (if shapped) and /or registered of Florida 34235	
n The name and surel andress of the new register agent of chargeon and (of registered office eres).	
(if changed): Kevin T. Wells, Esq., The Law Offices of Kevin T. Wells, P.A. Revin T. Wells, Esq., The Law Offices of Kevin T. Wells, P.A.	
1800 Second Street, Suite 808	
P.O. Box NOT acceptable Sarasota, Florida 34236	
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.	
Musification of an officer or director of the state of th	
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	
If signing on behalf of an entity:	
Kevint Wells. Typed or Printed Name	

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