N0200007585

(Red	questor's Name)		
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(City	//State/Zip/Phone #)		
PICK-UP	WAIT MAIL		
(Bus	siness Entity Name)		
(880	moss entry rame,		
(Doc	cument Number)		
Certified Copies	es Certificates of Status		
Special Instructions to F	Filing Officer:		
	J. HORNE		
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COVER LETTER •

TO:

TO: Amendment Section Division of Corporations		
Division of Corporations		
SUBJECT: BEAU RIVAGE CONDOMINIUM ASS	SOCIATION, INC.	
Name of Corporation		
DOCUMENT NUMBER: N02000007585		
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this		
Christopher L. Pope		
Name of Contact Person		
Pavese Law Firm		
Firm/Company		
1833 Hendry Street		
Address		
Fort Myers, FL 33901		
City/State and Zip Code		
chrispope@paveselaw.com		
E-mail address: (to be used for future annual	report notification)	
For further information concerning this matter, p	lease call:	
Christopher Pope	336-6208	
Name of Contact Person	at (239) 336-6208 Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address:	
	Amendment Section	
Division of Corporations	Division of Corporations The Centre of Tallahassee	
P.O. Box 6327 The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Sta nge is submitted for a corporation organized under the laws of the State of r to change its registered office or registered agent, or both, in the State of Flo		<u> </u>	
1. The name of t	he corporation: BEAU RIVAGE CONDOMINIUM ASSOCIATION, INC.			
2. The principal	office address: 2797 First Street, Suite 4000, Fort Myers, FL 33916			
3. The mailing a	ddress (if different):			
4. Date of incorp	te of incorporation/qualification: 10/03/2002 Document number: N02000007585			
5. The name and Florida Depar	I street address of the current registered agent and registered office on file with tment of State: (If resigned, enter resigned)	the		
	CT Corporation System			
	1200 South Pine Island Road			
	Plantation, FL 33324	•	23	
6. The name and (if changed):	i street address of the new registered agent (if changed) and /or registered office	ie ;	1- AGA	
	PLF Registered Agent, L.L.C.		<u></u>	
	1833 Hendry Street	:	⊕	
	P.O. Box NOT acceptable Fort Myers, FL 33901) -	Ö	
The street address changed will	ess of its registered office and the street address of the business office of its be identical.	registere	d agent,	
Such change wauthorized by the	as authorized by resolution duly adopted by its board of directors or by an o he board, or the corporation has been notified in writing of the change.	fficer so		
ann	Ann Haller Printed or typed name and title	-		
I further agree of my duties, ar document is ba	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and come and familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address, I hereby is been notified in writing of this change.		formance Or, if this that the	
_(1	10-30-2	<u> </u>		
If signing on be	chalf of an entity:			
Christopher Pop	e			
	Typed or Printed Name			

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