## NO40005766

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
<del>.</del>		

Office Use Only



200212936652

10/10/11--01011--003 \*\*35.00



## **COVER LETTER**

TO: Amendment Section Division of Corporations
SUBJECT: THE CLUB AT BASCUELL BAY PLAZA CONDOMENTUM ASSOCIATION, INC.  Name of Corporation
DOCUMENT NUMBER: NO4 00000 5766
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:
Name of Contact Person
ROBERT M. CHISHOLM, PA Firm/Company
4921 SW 74 COURT
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:    Dobert w. Chishoum at (305) 667-426/   Name of Contact Person at (305) Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327  Street Address: Amendment Section Division of Corporations Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

Tallahassee, FL 32314

## 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.
1. The name of the corporation: The Gub M BRICE I Bay Plan landers aum PROCEED THE.  2. The principal office address: 1200 BRICHELL BAY DRIVE, SULTE 400,
2. The principal office address: 1200 BRICHELL BAY DRIVE, SULTE 400,
MIANUE, & 33/3/
3. The mailing address (if different):
4. Date of incorporation/qualification: 4/9/2004 Document number: NO4 00000 5766
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)
ROBERT M. CHISHOLM, P.A.
ROBERT M. CHISHOLM, P.A.  7254 SW 48 STREET  MEANUT, FL 33155
MEANUT, FZ 33/55
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  **Cober M. CHISHOLM, P.A.*
4921 SW 74 COURT 2
MIANUE, FL 33155
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.
Signature of an officer or director  Printed or typed name and title  Printed or typed name and title  Printed or typed name and title
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:
PLOBERT M. CHISHOLIN
Typed or Printed Name

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