N04000008155

(Requestor's Name)						
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Certified Copies	Certified Copies Certificates of Status					
Special Instructions to	Filina Officer:					
						
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ZOUD MAY TO P 12: 1.3
SECRETARY OF STATE

Mochange Newis 5-12-10

COVER LETTER

TO: Amendment Section Division of Corporations						
,						
SUBJECT: THE BREAKERS AT ISLES AT BAYSHORE HOMEQ Name of Corporation						
DOCUMENT NUMBER:N0400008	3155					
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:						
Valeria Deshon						
Name of Contact Person						
M & E Associates of Mia Firm/Company	amı, ınc.					
7 Company						
13055 SW 42 Street, St	uite 203					
Address						
Miami, FI 33175						
City/State and Zip Code						
meassocmiami@aol.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Accounts Payable at (305) 552-7855					
Name of Contact Person Are	305) 552-7855 ea Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.						
Mailing Address	Street Address					
Mailing Address: Amendment Section	Street Address: Amendment Section					
Division of Corporations	Division of Corporations					

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	nnge is submitted for a co	orporation organize	607.1508, or 617.1508, Fto d under the laws of the Sta d agent, or both, in the Stat	te of Florida
1. The name of	the corporation: THE I	BREAKERS A	AT ISLES AT BAYS	SHORE HOMEOWNI
2. The principal	office address: 13055	SW 42 Street, S	Suite 203, Miami, FL 3	33175
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification:	08/19/2004	Document number:	N04000008155
	I street address of the cur tment of State: (If resign		nt and registered office on f	īle with the
	COOKE & KING, L	LP		
	18001 OLD CUTL	ER ROAD, SUI	ΓE 560	
	PALMETTO BAY	FL 33157 US		7.010 TALL
6. The name and (if changed):	I street address of the nev	w registered agent (i	if changed) and /or register	2010 HAY 10 SECRETARY RALLAHESSE
	COOKE & KING, L	LP		OF ST
	8925 SW 148 Stre	et Suite 100 P.O. Box NOT acc		2: 13
	Miami, FL 33176	P.O. BOX NOT ac	эергане	D. C.
The street addre	ess of its registered office be identical.	e and the street add	dress of the business office	e of its registered agent,
Such change wa authorized by th	ns authorized by resolutine board, or the corporate	ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so
Kennett	e of the officer of director		Breakers - Tec	usurer e and title
I hereby accept I further agree t of my duties, an document is beil corporation has	the appointment as reg o comply with the provi d I am familiar with and ng filed merely to reflec heen natified in writing	istered agent and a sions of all statute, d accept the obliga t a change in the re g of this change.	gree to act in this capacit s relative to the proper an tion of my position as regi egistered office address, I	y. d complete performance istered agent. Or, if this hereby confirm that the
MI	2 bet		5-4-1	0
_	half of an entity:		Date	

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