

17040000068155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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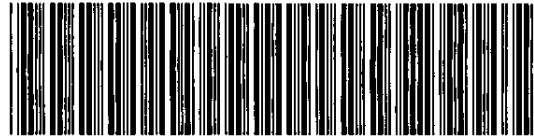
(Business Entity Name)

(Document Number)

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06/30/14--01043--016 \*\*35.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10291700  
T. LEMIEUX

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: The Breakers at Isles at Bayshore Homeowners Association Inc  
Name of Corporation

DOCUMENT NUMBER: N04 000008155

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:

Robert F. Cooke

Name of Contact Person

Cooke Law Group LLC

Firm/Company

9245 SW 158 Lane

Address

Miami FL 33156

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert F. Cooke

Name of Contact Person

at ( 305 ) 259 8054

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  
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: The Breakers at Isles at Bayshore Homeowners Association Inc  
2. The principal office address: C/O First Service Residential  
2950 N. 28 Terrace Hollywood FL 33020  
3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 8/19/2004 Document number: N04000008155

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 F. Cooke PA

9245 SW 158 Lane

Miami FL 33157

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cooke Law Group LLC

9245 SW 158 Lane

P.O. Box NOT acceptable

Miami FL 33157

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

*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

6-25-14

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (03/12)

14 JUN 30 PM 12:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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