N06000001313

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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11/17/08--01052--004 **35.00



R.A. Change

C.COULLIETTE

NOV 212008

EXAMINER

COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Breckwiter VIII as Condominum Assoc The. (Name of Corporation)
DOCUMENT NUMBER: NO6000013/3
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)
St Armonds Grp (Firm/Company)
4251 Spruce Creek Rd STE 1-1
Port Orange FL 3 2127 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (36) 788-2883 (Area Code & Daytime Telephone Number)

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 REGISTERE	OFFICE OR REGISTERED AGENT OR BOTH
	PORATIONS

Pursuant to the pro	ovisions of sect	ions 607.0502, 617	7.0502, 602	7:1508, or 617.	1508, Florida i	Statutes, this		
statement of chang in order t		for a corporation a gistered office or r	1	I.	-		:	
1. The name of the	:	Breaku	i	1	_		A550 C	Ino
2. The principal of	fice address:		ruce	Creek 1	- Z	1-14		
3. The mailing add	bress (if differen	,	i ye	·	32137			
4. Date of incorpor	ration/qualifica	tion: 217101	0	Document nur	mber: <u>NO 6</u>	50000 6 1	3/3	
5. The name and st Florida Departm		the current register fresigned, enter re		ind registered (office on file w	ith the		٠
- -		W Levin						
•. -		IND & PC	1	_				
	1110	Bricha	1. Au	e, 74 fa	or, Mids	miste	<i>33</i> 3/	
6. The name and st (if changed):	treet address of	the new registered	lagent (if o	changed) and /	or registered of	ffice		
, · · <u>-</u>		CYNTHIA			0.1	-	10000	Inc.
_	<u> </u>	(P.O. Box NOT aco	erable)	ONAS	Condo	<i>מיטוחונו</i> ת	XXXXXX	-
The street address	of its registers	(P.O. Box NOTeco	UCE (POPT	reek/	qe, =	L 321 dits registered a	27	
as changed will be Such change was authorized by the	e identical.		1					
x(. /	of an officer or dire		1	_	5-CIV	_	~	
I hereby accept the I further agree to of my duties, and document is being		•	nt and ag	,	**	•		
of my duties, and document is being corporation has b	I am familiar i filed merely to seen notified in	with and accept the reflect a change writing of this ch	e obligation in the reg ange	on of my positi istered office	ion as register address, I her	ed agent. Ur, eby confirm th	if this at the	
x Cipt	Mar of Registered	(gent)	<u> </u>		(12/0 ₀	β		
If signing on beha	alf of an entity	:	:			Ž		
Пур	ood or Printed Name	=	!					
	Make Ci	ECKS PAYABLE T	G FEE: 5 0 Florid	a Departmen	IT OF STATE			Fj
MAI CR2E045 (8/05)	l to: Division	OF CORPORATION	NS, P.O. E	30x 6327, Tal	Lahassee, Fi	32314	P	ka Ka
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