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| (City | //State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | . Centricates | s of Status |
| Special Instructions to F | Filing Officer: | |
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SECRETARY OF STATE

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BREAKWATER VILLAS CONDOMINIUM ASSOCIATION, INC.

Name of Corporation

NO600001313

DOCUMENT NUMBER: NUOUUUU 13 13

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:

Desiree Lindahl

Name of Contact Person

Soundview Property Management

Firm/Company

333 17th Street, Suite A

Address

Vero Beach, FL 32960

City/State and Zip Code

desiree@soundviewmgt.com

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

For further information concerning this matter, please call:

Desiree Lindahl
Name of Contact Person

at (772) 234-3005
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

| | provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute ange is submitted for a corporation organized under the laws of the State of FL | s, this | _ |
|--|--|--------------------|------------|
| in orde | er to change its registered office or registered agent, or both, in the State of Florida | Z. | |
| 1. The name of | the corporation: BREAKWATER VILLAS CONDOMINIUM ASSOCIA | ATION | I, INC. |
| | office address: C/O SOUNDVIEW PROPERTY MANAGEMENT | | |
| = = | H STREET, SUITE A, VERO BEACH, FL 32960 | | |
| 3. The mailing | address (if different): SAME AS PRINCIPAL ADDRESS | | |
| 4. Date of incor | poration/qualification: 02/07/2006 Document number: N0600000 | 1313 | |
| | d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned) | | |
| | SOUNDVIEW PROPERTY MANAGEMENT | | |
| | 2095 INDIAN RIVER BLVD | 7 | SE |
| | VERO BEACH, FL 32960 | | |
| 6. The name and (if changed): | d street address of the new registered agent (if changed) and /or registered office | NUG 22 FR | |
| | SOUNDVIEW PROPERTY MANAGEMENT | կ։ 02 | |
| | 333 17TH STREET, SUITE A | 2 | IDA AGE |
| | P.O. Box NOT acceptable | | |
| | VERO BEACH, FL 32960 | | |
| The street address changed will | ess of its registered office and the street address of the business office of its regist be identical. | tered age | ent, |
| Such change wa authorized by the | as authorized by resolution duly adopted by its board of directors or by an officer ne board, or the corporation has been notified in writing of the change. | so | |
| - Loo | Reuly re of an officer of director Robert Rei Printed or typed name and title | 11 | + |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | 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 complete my duties, and I am familiar with and accept the obligation of my position as registed document is being filed merely to reflect a change in the registered office addrithat the corporation has been notified in writing of this change. | zistered ess, I | 1 |
| Che | Jan 3/14/19 | | |
| Sig | nature of Registered Agent Date | | _ |
| If signing on be | half of an entity: | | |
| T | yped or Printed Name | | |
| | * * * FILING FEE: \$35.00 * * * | | |