

10/17/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H180003008083)))



H180003008083ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.
Account Number : 120180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: FILINGS@LEGALINC.COM

REGISTERED AGENT CHANGE
VICTORIA BREEZES CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

2018 OCT 18 AM 2:41
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

To: 18506176380 From: 12143952508 Date: 10/18/18 Time: 11:10 AM Page: 02/03
To: 12143174754 From: +Restricted Date: 10/18/18 Time: 6:33 AM Page: 01
850-617-6381 10/18/2018 9:33:31 AM PAGE 1/001 Fax Server

((H18000300808 3)))



October 18, 2018

FLORIDA DEPARTMENT OF STATE

Division of Corporations

VICTORIA BREEZES CONDOMINIUM ASSOCIATION, INC.
12301 SW 132ND CT
MIAMI, FL 33186

SUBJECT: VICTORIA BREEZES CONDOMINIUM ASSOCIATION, INC.
REF: N06000005615

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

FAX Aud. #: H18000300808
Letter Number: 718A00021254

RECEIVED
2018 OCT 18 PM 2:55
SECRETARY OF STATE
TALLAHASSEE, FL

((H18000300

**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: VICTORIA BREEZES CONDOMINIUM ASSOCIATION, INC.
2. The principal office address: 12301 SW 132ND CT, MIAMI, FL 33186

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/23/2006 Document number: N06000005615

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)

ALVARO CASTILLO B. P.A.

1390 BRICKELL AVENUE, SUITE 200

MIAMI, FL 33131

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

LEGALINC CORPORATE SERVICES INC.

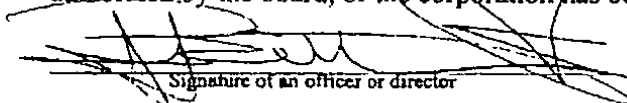
5237 SUMMERLIN COMMONS BLVD, SUITE 400

P.O. Box NOT acceptable

FORT MYERS, FL 33907

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

LUIS BETHENCOURT, PRESIDENT
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.

Nancy Luna
Signature of Registered Agent

10/10/2018

Date

If signing on behalf of an entity:

NANCY LUNA

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)

((H18000300808 3)