109569

	(Requestor's Name)			
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-UF	P WAIT MAIL			
1	(Business Entity Name)			
(Document Number)				
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The Column

COVER LETTER

SUBJECT: Tropical Breeze Estates, Inc. (Name of Corporation) DOCUMENT NUMBER: N09569 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: Peter C. Mollengarden (Name of Contact Person) Rosenbaum Mollengarden Janssen & Siracusa, PLLC (Firm/Company) 250 Australian Avenue South, Suite 500 (Address) West Palm Beach, FL 33401 (City/State and Zip Code) For further information concerning this matter, please call: Peter C. Mollengarden (Area Code & Daytime Telephone Number) (Name of Contact Person)

> **Mailing Address:** Amendment Section **Division of Corporations**

P.O. Box 6327

Enclosed is a \$35.00 check made payable to the Department of State.

Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

Amendment Section Division of Corporations

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida S Inge is submitted for a corporation organized under the laws of the State of _ er to change its registered office or registered agent, or both, in the State of Fi		this	_
	the corporation: Tropical Breeze Estates, Inc.	oriaa.		
2. The principal	office address: 4280 Mockingbird Drive, Boynton Beach, FL 33436			
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 05/30/1985 Document number: N09569			
	d street address of the current registered agent and registered office on file wit rtment of State:	h the		
	BECKER, POLIAKOFF, P.A.	_		
	625 N. FLAGLER DR		201	
	WEST PALM BEACH FL 33401 US		I MAR	" ‡ ;
(if changed):	ROSENBAUM MOLLENGARDEN JANSSEN & SIRACUSA, PLLC 250 Australian Avenue South, Suite 500 (P.O. Box NOT acceptable) West Palm Beach, FL 33401	E PLONIES	31 AM 10: 09	
_	ess of its registered office and the street address of the business office of its be identical.			nt,
Such change was authorized by the	as authorized by resolution duly adopted by its board of directors or by an ne board, or the corporation has been notified in writing of the change.	officer	so	
	Transcording Robert FALZONE (Printed or typed name and t	iue)		_
(Si	the appointment as registered agent and agree to act in this capacity, to domply with the provisions of all statutes relative to the proper and coming fam familiar with and accept the obligation of my position as registered in file amerely to reflect a change in the registered office address, I hereby been notified in writing of this change. (Date)	nplete pe d agent ny confir	erforma Or, if i rm that i	nce this the
•	chalf of an entity:			
	Rosenbaum Mollenga rden Jansse n & Siracusa, PLLC 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 (8/05)