

N12000011162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Breckenridge Beach Villas Condominium Association, Inc.

Name of Corporation

DOCUMENT NUMBER: N12000011162

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:

Nicole Bellizzi, Legal Department

Name of Contact Person

Bluegreen Corporation

Firm/Company

4960 Conference Way North, Suite 100

Address

Boca Raton, FL 33431

City/State and Zip Code

nicole.bellizzi@bluegreenvacations.com

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

For further information concerning this matter, please call:

Nicole Bellizzi

561 912-7913

Name of Contact Person

at (_____) _____
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

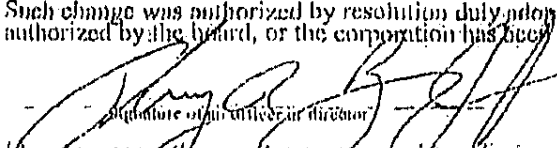
Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Breckenridge Beach Villas Condominium Association, Inc.
2. The principal office address: 5500 Gulf Boulevard, St. Pete Beach, FL 33706
3. The mailing address (if different): 4960 Conference Way North, Suite 100, Boca Raton, FL 33431
4. Date of incorporation/qualification: 11/29/2012 Document number: N12000011162
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)
Capitol Corporate Services, Inc.
155 Office Plaza Drive, Suite A
Tallahassee, FL 32301
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Corporation Service Company
1201 Hays Street
Tallahassee FL 32301
P.O. Box NOT acceptable

17 FEB - 1 PM 12:49
TALLAHASSEE, FL 32301

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 officer or director
Timothy R. Bogott, 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.
Corporation Service Company

By: 

Signature of Registered Agent

7.26.16

Date

If signing on behalf of an entity:

Chelsey Martine
Asst Vice President

Typed or Printed Name

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