N/4531

(Requestor's Name)
(requestors realite)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
•
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
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RAChurgh Menis 5-30-08

COVER LETTER

Division of Corporations
SUBJECT: Breakaway Trails Homeowner's Assoc., Inc.
DOCUMENT NUMBER: N 14531
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:
John Andrew Jackson (Name of Contact Person)
Christine & Christine, P.A. (Firm/Company)
28 Cordova Street (Address)
St. Augustine, FL 32084 (City/State and Zip Code)
For further information concerning this matter, please call:
John Andrew Jackson at 904 829-0523 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Mailing Address:
Amendment Section

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

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

TO:

Amendment Section

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

	ons of sections 607.05						
statement of change is s							<u>.</u>
in order to cha	inge its registered offi	ce or registe	ered agent, o	or both, in the	State of Flori	da.	
1. The name of the corp	oration: Break	cawa	y Tro	aus H	o Meow	nens	<u></u> - ·
Sociation In 2. The principal office a	ddress: \ \ \ \ \ \	sreale	وسم	u Tro	لن		
		Mond	^		. 321	74	
3. The mailing address (if different):		-	•			
J	·						
4. Date of incorporation	/qualification:	22 81	o Docum	nent number:	N145	531	
5. The name and street a Florida Department o		registered ag	gent and reg	istered office	on file with th	e	
·	secker É	Pol	iako	74		4. 23	
2:	500 Ma	utlar	nd C.	enter	PK.		
M	aitland	,FL	32	751	·	22	Ī
6. The name and street a (if changed):	ddress of the new reg	istered agen	t (if changed	d) and /or regi	stered office	H H	· •
 	Christine	م نج (hirist	ine, F	<u> </u>	器:	j ·
		NOT acceptable)	r St	reet	·		
	St. Augus		, FL	321	36	,	
The street address of its changed will be iden	registered office and tical.	d the street a	address of the	he business o	ffice of its re	gistered agen	t,
Such change was authorized by the board	rized by resolution d	uly adopted	by its boar	d of directors ting of the ch	or by an offi ange.	cer so	
(Signature of an of	Weste //	elso .	Bett	ty M)	d name and title)	Tres_	
(Signature of an of I hereby accept the app I further agree to comp If my duties, and I am f locument is being filed corporation has been n	ointment as registere ly with the provision: amiliar with and acc merely to reflect a co otified in writing of t	HO H ed agent and s of all statu ept the oblit hange in the his change.	l agree to a tes relative gation of m registered	ct in this cap to the prope y position as office addres	acity. r and comple registered ag ss, I hereby co	te performan ent. Or, if th onfirm that th	ce iis ie
		G		4/20	1-8		
Menalium of I	Registered Agent)	", .		(Da	ic)		
If signing on behalf of a	an entity:						
- A 1							
J. Myor	inted Name)						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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