## N48856

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TALLAHASSEE, FLORIS,

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

statement of cha	nnge is submitted f	ons 607.0502, 617. or a corporation or istered office or reg	ganized	under the l	aws of the	e State of _	-lorida		<del>-</del> .
1. The name of	the corporation: B	arefoot Beach C	lub IV	Condomin	ium As:	sociation,	Inc.	·	
	office address: 25	9 Barefoot Beac	h Boul	evard			,		
	ddress (if differen				22.		:		
4. Date of incorp	poration/qualificat	on: 05/11/1992	+ 1	Documen	t number	N48856	<del></del>	#*	
	d street address of timent of State:	he current registere	ed agent	and register	red office	on file with	n the		
	White, Austi	n, Esq.							,
	Bank of America Center, 4501 Tamiami Trail North, Suite 214								
	Naples, FL	34103	-		· <del>**</del>		Z,	. 0	÷
6. The name and (if changed):	i street address of	he new registered a	agent (if	changed) a	nd /or reg	gistered offic	LAHASSI	6 JUL 14	
	Gregory W.	Marler, Esq.	c/o Be	ecker &	Poliak	off, P.A.	10 P	A .	, m
	Bank of America Center, 4501 Tamiami Trail North, Suite 214 855 5								
	Naples, FL	•	,				Ď n		
The street address changed will	ess of its registere be identical.	d office and the str	eet add	ess of the l	ousiness	office of its	regist	ered age	nt,
Such change was authorized by the	as authorized by r	esolution duly ado orporation has beer	pted by i notifie	its board o d in writing	f director g of the o	rs or by an change.	officer	so	
Col. (Signat	ure or an officer or price	<del></del>		Y101	runted or ty	bed infine and to	/r	1,3%	3C TI
I hereby accept I further agree of my duties, an document is bel corporation had	the appointment to comply with the ad I am familiar w ing filed merely to s been notified in	as registered agen e provisions of all : ith and accept the reflect a change i writing of this char	t and ag statutes obligati n the re; nge.	ree to act i relative to on of my p zistered off	n this ca the prop osition a ice addri	pacity er and com s registered ess, I hereb	plete p l agent y confi	erforma Or, if t rm that t	nce his the
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,	chalf of an entity:	gy		_	- , 1,4		* •		49 <u>-</u>
	oliakoff, P.A.	<del></del> ,-		N.	3 <b>3</b> 3			·	-

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (8/05)

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