

233879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

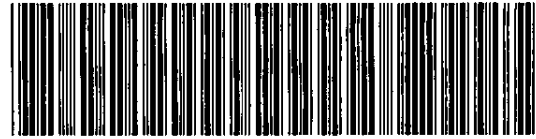
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Briny Breezes Inc.
Name of Corporation

DOCUMENT NUMBER: 233 879

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:

Theresa Pussinen
Name of Contact Person

Briny Breezes Inc.
Firm/Company

5000 N Ocean Blvd
Address

Briny Breezes FL 33435
City/State and Zip Code

briny breezes gm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa Pussinen at (561) 276-7405
Name of Contact Person 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: Briny Breezes, Inc.

2. The principal office address: 5000 N Ocean Blvd
Briny Breezes, FL 33435

3. The mailing address (if different): _____

4. Date of incorporation/qualification: March 1, 1960 Document number: 233879

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)

Forrest, Carl J
5000 N Ocean Blvd
Briny Breezes, FL 33435

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

Cindy Bowling
5000 N Ocean Blvd
P.O. Box NOT acceptable
Briny Breezes, FL 33435

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STATE OF FLORIDA
CORPORATION DIVISION

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]
Signature of an officer or director

Michael Callacher, 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.

Cindy Bowling
Signature of Registered Agent

April 22, 2014
Date

If signing on behalf of an entity:

Cindy Bowling
Typed or Printed Name

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