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: 233879					
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:					
Donna Coates					
Name of Contact Person					
Briny Breezes, Inc					
Firm/Company					
5000 N Ocean Blvd					
Address					
Ocean Ridge, FL 33435					
City/State and Zip Code					
brinybreezesgm@gmail.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Donna Coates Name of Contact Person Name of Contact Person at (561) 276-7405 Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address:					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
P.O. Box 6327 Clifton Building					
Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

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

statement of cha	nge is submitted for a cor	7.0502, 617.0502, 607.1508, or 617.1508, Flor poration organized under the laws of the State office or registered agent, or both, in the State	of Florida
1. The name of	the corporation: Briny B	Breezes, Inc	
2. The principal	office address: 5000 N	Ocean Blvd, Briny Breezes, FL 3	3435
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 3/	1/1960 Document number: 233	3879
	d street address of the curr rtment of State: (If resigne	rent registered agent and registered office on filed, enter resigned)	e with the
	Cindy Bowling		
	5000 N Ocean Bly	vd	
	Briny Breezes, FL	. 33435	— 7A S
6. The name and (if changed):	d street address of the new	registered agent (if changed) and /or registere	PILE TALLAMIASSI
	Donna Coates		
	5000 N Ocean Blv		OF SIM
	Ocean Ridge, FL	PO Box NOT acceptable 33435	
The street address changed will	ess of its registered office be identical.	and the street address of the business office	of its registered agent.
		on duly adopted by its board of directors or by on has been notified in writing of the change.	an officer so
Susan -	A. Surrey	Susan Brannen, Pres	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as regis to comply with the provis my duties, and I am fami is document is being filea	stered agent and agree to act in this capacity, sions of all statutes relative to the proper and iliar with and accept the obligation of my post merely to reflect a change in the regisiered been notified in writing of this change.	complete ition as registered
-	chalf of an entity:		
	vped or Printed Name		

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