

728932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

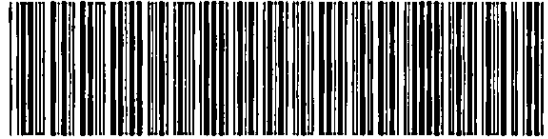
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

A. BUTLER

AUG - 2 2022

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: South Brevard Sharing Center, Inc.  
Name of Corporation

DOCUMENT NUMBER: 728932

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:

Pamela Gunthorpe

Name of Contact Person

South Brevard Sharing Center, Inc.

Firm/Company

17 E Hibiscus Blvd

Address

Melbourne FL 32901

City/State and Zip Code

pamela@mysbse.org

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

For further information concerning this matter, please call:

Pamela Gunthorpe

Name of Contact Person

at ( 321 )

727-8581

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: South Brevard Sharing Center, Inc.
2. The principal office address: 17 E Hibiscus Blvd, Melbourne, FL 32901
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: 728932
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)

Tara Pariso (resigned)

17 E Hibiscus Blvd

Melbourne, FL 32901

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

Pamela Gunthorpe

17 E Hibiscus Blvd

P.O. Box NOT acceptable

Melbourne, FL 32901

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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.

Joyce Boudrie  
Signature of an officer or director

Joyce Boudrie, President, Board of Directors  
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.*

Pamela Gunthorpe  
Signature of Registered Agent

May 21, 2022

Date

If signing on behalf of an entity:

South Brevard Sharing Center, Inc  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (04/13)