13000005370

(Re	questor's Name)	
· • •		
(Ad	dress)	
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IC:	ty/State/Zip/Phone	- +0
(Cii	y/State/Zip/Pilone	- #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
. (Do	ocument Number)	
<u>.</u>		
Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer	
	 	
	Office Use On	lv



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T. M.

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:03	3/21/2024	
Name:	Patrice Rush	<u> </u>
	2267586	<u> </u>
Entity Name:	CASTLE	BRANCH, INC.
Articles	of Incorporation/Authorization	n to Transact Business
✓ Amendm	nent	
Change	of Agent	
Reinstat	ement	
☐ Convers	ion	
☐ Merger		
Dissoluti	ion/Withdrawal	
Fictitious	s Name	
Other		
Authorized Amo	ount: \$35.00	
orginatare		

F: 800.944.6607

COVER LETTER

TO: Amendm	ent Section Division of Corporati	ons		
SUBJECT:	CAS.	TLE BRANCH, INC.		
	Name	of Corporation		_
DOCUMENT NU	JMBER:F13000005370			
The enclosed Ame	endment and fee are submitted for	filing.		
Please return all co	orrespondence concerning this ma	tter to the following:		
	JOELLE CHURIK			
	Name of Contact Person			
	COGENCY GLOBAL INC.			
	Firm/Company			
11	15 N. CALHOUN STREET, ST	≣ 4		
	Address			
	TALLAHASSEE, FL 32301			
	City/State and Zip Code			
	statrep@cogencyglobal.c	com		
E-mail addre	ess: (to be used for future annual r	eport notification)		
For further inform	ation concerning this matter, plea	se call:		
J	OELLE CHURIK	941 at ()		259-1508
Nam	e of Contact Person	Area Code &	Daytime	Telephone Number
Enclosed is a chec	k for the following amount:			
35 Filing Fee	\$43.75 Filing Fee & Certificate of Status	\$43.75 Filing Certified Copy		\$52.50 Filing Fe Certificate of Statu Certified Copy

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

PROFIT CORPORATION APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

(Pursuant to s. 607.1504, F.S.)

SECTION I (1-3 MUST BE COMPLETED)

F13000005370 (Document number of corporation (if known) CASTLE BRANCH, INC. (Name of corporation as it appears on the records of the Department of State) NORTH CAROLINA (Date authorized to do business in Florida) (Incorporated under laws of) SECTION II (4-7 COMPLETE ONLY THE APPLICABLE CHANGES) 4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? BRIDGES EXPERIENCE, INC. (Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation) (If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) If the amendment changes the period of duration, indicate new period of duration. 6. (New duration) 7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction. (New jurisdiction) 8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: Name of New Registered Agent (Florida street address) New Registered Office Address: New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

Fitle/ Capacity	<u>Name</u>	Add	<u>lress</u>	Type of Action
				Remove
				□Add
				CRemove
				CRemove
				Add
Attached is a certification to under the laws of w	cate or document of similar impo the Department of State, by the S hich it is incorporated.	ort, evidencing the amend ecretary of State or other o	ment, authenticated t fficial having custod	Remove not more than 90 days prior to deliver y of corporate records in the jurisdiction
	γ	1 S. Cation		
-		director, president or othe her court appointed fiduci		GAL OFFIGER Berson signification
(Турс	ed or printed name of person sign	ing)		GAL OFFIGER PROPERTY OF THE PR
		FILING FEE \$35.00)	ED REE. FLOR



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF NAME CHANGE

I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify that on the 4th day of March 2024, Articles of Amendment, duly executed by the proper officer to change the corporate name of the business corporation named below, were filed in this office with an effective date of: 3/4/2024

Name at time of submission of Articles of Amendment:

CASTLE BRANCH, INC.

Name Change To

BRIDGES EXPERIENCE, INC.

I FURTHER CERTIFY that this certificate is in compliance with North Carolina General Statutes 55D-26 and may be recorded in the office of the Register of Deeds in the same manner as deeds, the former name of the corporation appearing in the "Grantor" index and the amended name of the corporation appearing in the "Grantee" index.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 15th day of March, 2024.

Secretary of State

Elaine I Marshall

Certification# 119050439-1 Reference# 21017089- Page: 1 of 1 Verify this certificate online at https://www.sosnc.gov/verification