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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMITER & SINGER, LLP

Account Number : 1200000000085

Phone : (561)626-4742 Fax Number : (561)626-4742

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address: Corporate @ comitersinger. com

REGISTERED AGENT CHANGE BRAVO FAMILY FOUNDATION, INC.

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Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

J. HORNE

NOV 3 0_2022

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Bravo Family Foundation, Inc.	
Name of Corporation	
DOCUMENT NUMBER: F21000005239	
The enclosed Statement of Change of Registe	ered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Brad Gould, Esq.	
Name of Contact Person	
Comiter Singer Baseman & Braun	
Firm/Company	
1000 SE Monterey Commons Blvd., Ste. 102	
Address	
Stuart, FL 34996	
City/State and Zip Code	com
corporate@comitcrsinger E-mail address: (to be used for future an	nual report notification)
For further information concerning this mat	ter, please call:
Brad Gould, Esq.	at (561)626-2101 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: Amendment Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

in ord	the provisions of sections our costs of installed under the laws of the State of the change its registered office or registered agent, or both, in the State of the change its registered office or registered agent, or both, in the State of the change its registered of the change its	ј попаа.
1. The name o	of the corporation: Brave Family Foundation, Inc.	
2. The principa	oal office address: 5800 North Bay Road, Miami, FL 33140	
The mailing	g address (if different): n/a	
4. Date of ince	g address (if different): corporation/qualification: 09/09/2021 Document number: F2100	0005239
5. The name a	and street address of the current registered agent and registered office on file partment of State: (If resigned, enter resigned)	with the
	Dean Mead Services, LLC	
	420 South Orange Avenue, Ste 700	
	Orlando, FL 32801	
6. The name (if change)	·	l office
	Comiter Singer Baseman & Braun LLP - Brad Gould, Esq.	
	3825 PGA Boulevard, Suite 701	-
	P.O. Box NOT acceptable	
	Paim Beach Gardens, FL 33410	
The street ac	ddress of its registered office and the street address of the business office will be identical.	of its registered age
Such change authorized	e was authorized by resolution duly adopted by its board of directors or by by the board, or the comparation has been notified in writing of the change	y an officer so ·
19	Kyle Klopfor, Secretary Printed or typed name	
Sij	ignature of an Officer or director	gran Litte
I hereby acc I further ag of my duties document is corporation	gnature of an officer of director cept the appointment as registered agent and agree to act in this capacity tree to comply with the provisions of all statutes relative to the proper and s, and I am familiar with and accept the obligation of my position as regis s being filed merely to reflect a change in the registered office address, I i n has been notified in writing of this change.	l complete performe tered agent. Or, if hereby confirm that
12	11/28/2022	
	Signature of Registered Agent Date	
If signing o	on behalf of an entity:	
	Brad Gould	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEF, FL 32314
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