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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMITER & SINGER, LLP

Account Number : I20000000085

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 & comiter singer. com

REGISTERED AGENT CHANGE BRAVO FAMILY CHARITABLE FOUNDATION, INC.

Certificate of Status	0
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J. HORNE

NOV 3 0 2022 ——

TO:

COVER LETTER

Amendment Section Division of Corporations

SUBJECT: Bravo Family Charitable Foundation, Inc. Name of Corporation	· · · · · · · · · · · · · · · · · · ·	···
DOCUMENT NUMBER: F21000005240		
The enclosed Statement of Change of Registered Of	fice/Agent and	fee are submitted for filing.
Please return all correspondence concerning this ma		•
		*
Brad Gould, Esq.		
Name of Contact Person		
Comiter Singer Baseman & Braun		
Firm/Company		
1000 SE Monterey Commons Blvd., Stc. 102		
Address		
Stuart, FL 34996		
City/State and Zip Code	***************************************	
corporate@comitersinger.com		
E-mail address: (to be used for future annual rep	ort notification	n)
For further information concerning this matter, pleas	e call:	
Brad Gould, Esq.	at (561	\626-2101
Name of Contact Person	Area C	ode & Daytime Telephone Number

Mailing Address: Amendment Section Division of Corporations

Enclosed is a \$35.00 check made payable to the Department of State.

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

CR2E045 (04/13)

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

statement of ch	iange is submitted for a corporation (7.0502, 607,1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware registered agent, or both, in the State of Florida.	
	the corporation: Bravo Family Charit	-	
	office address: 5800 North Bay Road		
3. The mailing	address (if different): n/a		
4. Date of incor	rporation/qualification: 09/09/2021	Document number: F21000005240	
5. The name an		ared agent and registered office on file with the	
	Dean Mead Services, LLC	3L	202 SEL
	420 South Orange Avenue, Ste 700	> = = = = = = = = = = = = = = = = = = =	2 NO ₁
	Orlando, FL 32801	SSE	/29
6. The name an (if changed):	d street address of the new registered	I agent (if changed) and /or registered office	SI HA
	Comiter Singer Baseman & Braun LI	.P - Brad Gould, Esq.	54
	3825 PGA Boulevard, Suite 701		
	P.	O. Box NOT acceptable	
	Palm Beach Gardens, FL 33410		
The street address changed will	ess of its registered office and the st	treet address of the business office of its registered ag	ent,
Such change wanthorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.	
14	[Wash	Kylc Klopfer, Secretary	
€ Signatu	re of an office of director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all to I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this characters.	nt and agree to act in this capacity, statutes relative to the proper and complete perform obligation of my position as registered agent. Or, if in the registered office address, I hereby confirm that inge.	ance this the
12		11/28/2022	
Sig	nature of Registered Agent	Date	_
If signing on be	half of an entity:		
Brad Goul	d		
T	yped or Printed Name		

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