N 10599

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Braden Castle Association, Inc

DOCUMENT NUMBER: N10599

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:

Bob Parham

Name of Contact Person

Coastal Community Management, Inc.

Firm/Company

4038 20th Street West

Address

Bradenton, Florida 34205

City/State and Zip Code

coastalcommunitymgmt1@verizon.net

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

For further information concerning this matter, please call:

Bob Parham

.941 .932-80

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
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	inge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Floride organized under the laws of the State of registered agent, or both, in the State of	f Florida
1. The name of i	the corporation: Braden Castle	e Association, Inc.	
2. The principal	office address: 1 Office Drive	, Bradenton, FL 34208	
,			
3. The mailing a	address (if different): P.O. Box	15082, Bradenton, Florida 34	280
4. Date of incor	poration/qualification: 08/07/19	Document number: N105	599
5. The name and		tered agent and registered office on file	with the
	Craig V. Marquart		
	1 Office Drive		2018
	Bradenton, Florida 3420	8	FILL I
6. The name and (if changed):	I street address of the new register	ed agent (if changed) and /or registered o	ທື່
Coastal Community Management, Inc,			
4038 20th Street West			
P.O. Box NOT acceptable			
	Bradenton, Florida 3420	15	_
The street address changed will	ess of its registered office and the be identical.	street address of the business office of	its registered agent.
Such change was authorized by il	as authorized by resolution duly a ne board, or the corporation has be	dopted by its board of directors or by a een notified in writing of the change.	n officer so
(and	_	Bob Parham, Presiden	
Signati	re of an officer or director	Printed or typed name and	title
I further agrée performance of agent. Or, iNh	to comply with the provisions of a my duties, and I am familiar with	ent and agree to act in this capacity, all statutes relative to the proper and co and accept the obligation of my positi to reflect a change in the registered off tified in writing of this change.	on as registered
- (a)		12/15/2018	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Bob Parhar	<u>m</u>		
Т	yped or Printed Name		

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