

N 12.00000 2634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

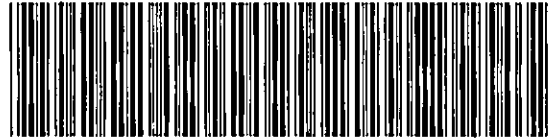
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

C. GOLDEN

DEC - 3 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: **The Bridge Fund**

Name of Corporation

DOCUMENT NUMBER: **N12000002634**

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:

Ann Soper

Name of Contact Person

The Bridge Fund

Firm/Company

23530 Peppermill Court

Address

Bonita Springs, FL 34134

City/State and Zip Code

asoper93@gmail.com

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

For further information concerning this matter, please call:

Ann Soper

Name of Contact Person

at (**239**) **495-0792**

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

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: THE BRIDGE FUND, INC.
2. The principal office address: 4441 Blue Sage Ct.
Bonita Springs, FL 34134
3. The mailing address (if different): 23530 Peppermill Court
Bonita Springs, FL 34134
4. Date of incorporation/qualification: 3/9/2012 Document number: N12000002634
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)

C T CORPORATION SYSTEM

1200 South Pine Island Road

Plantation, FL 33324

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

Larry Perkins

25070 Ballycastle Court, Unit 103

P.O. Box NOT acceptable

Bonita Springs, FL 34134

SECRETARY OF STATE
TALLAHASSEE, FL

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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.

Ann Soper

Signature of an officer or director

Ann Soper

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.

Larry Perkins

Signature of Registered Agent

11/20/2018

Date

If signing on behalf of an entity:

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 (03/12)