

MISSED 11626

(Requestor's Name)

(Address)

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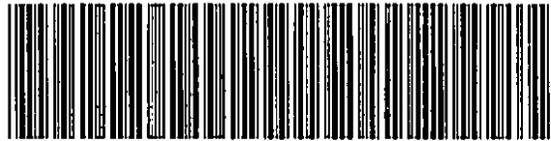
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 7, 2018

ROY CLARKE
BRIDGE TO HEALTH FOUNDATION, INC.
353 LAKE AMBERLEIGH DR.
WINTER GARDEN, FL 34787

SUBJECT: BRIDGE TO HEALTH FOUNDATION, INC.
Ref. Number: N15000011626

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 818A00004658

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18 MAR 16 PM 12:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Bridge to Health Foundation, Inc.
Name of Corporation

DOCUMENT NUMBER: N15000011626

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:

Roy Clarke
Name of Contact Person

Bridge to Health Foundation, Inc.
Firm/Company

353 lake amberleigh dr.
Address

Winter garden, FL 34787
City/State and Zip Code

bridgetohealthfoundation@gmail.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Roy Clarke at (407) 801-9054
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

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: Bridge To Health Foundation, Inc.
2. The principal office address: 353 lake amberleigh dr. winter garden, FL 34787

3. The mailing address (if different):

4. Date of incorporation/qualification: 1-1-2016 Document number: N15000011626

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)

RC Meehle & Jay business & entertainment law Suzanne D Meehle Esq
1215 E. Concord Street 115 Maitland Avenue
Orlando, FL 32803 Altamonte Springs, FL 32701

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

Roy Clarke
353 lake amberleigh dr.
Winter Garden, FL 34787
P.O. Box NOT acceptable

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18 MAR 15 AM 10:10

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.

Signature of an officer or director

Danielle Clarke - vice president
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.

Signature of Registered Agent

2-23-18
Date

If signing on behalf of an entity:

Roy Clarke
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