

116000002821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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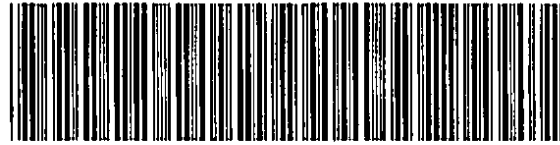
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: Bridging Tomorrow Inc.
Name of Corporation

DOCUMENT NUMBER: N16000002821

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:

Belkis Candelier

Name of Contact Person

Bridging Tomorrow

Firm/Company

10380 SW Village Parkway

Address

Port Saint Lucie, FL 34987

City/State and Zip Code

belkiscandelier@gmail.com

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

For further information concerning this matter, please call:

Belkis Candelier

Name of Contact Person

at (561) 5780193

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: Bridging Tomorrow Inc.
2. The principal office address: 10380 SW Village Parkway
Port Saint Lucie, Florida 34987
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/17/2016 Document number: N16000002821

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)

BELKIS CANDELIER

10380 SW VILLAGE PARKWAY

PORT SAINT LUCIE, FL 34987

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

GABRIELA MUNDANI

11280 GLENGARRY COURT

P.O. Box NOT acceptable

PORT SAINT LUCIE, FL 34987

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.

Belkis Candelier
Signature of an officer or director

BELKIS CANDELIER, VP

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.

Belkis Candelier
Signature of Registered Agent

7/29/2017

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