

N16000 003 636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700333104787

08/22/19--01014--001 \*\*35.01

S TALLENT

SEP 04 2019

SECRETARY OF STATE  
TALLER ASSOCI FL

2019 AUG 22 AM 11:25

FILED

R/A-26

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Brevard Backyard Beekeepers Inc.  
Name of Corporation

DOCUMENT NUMBER: N16000003636

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:

Susan M. Gotwals, Treasurer

Name of Contact Person

Brevard Backyard Beekeepers Inc.

Firm/Company

3695 Lake Dr.

Address

Cocoa, FL 32926

City/State and Zip Code

Brevard.backyard.bees@gmail.com ✓

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

For further information concerning this matter, please call:

Susan M. Gotwals

Name of Contact Person

at ( 321 ) 652-1737

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: Brevard Backyard Beekeepers Inc.
2. The principal office address: 3695 Lake Dr. Cocoa, FL 32926
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 04/04/2016 Document number: N16000003636

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)

Clifton L Best  
2821 Shepard Dr.  
Rockledge, FL 32955

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

Clifton L Best  
3695 Lake Dr.  
Cocoa, FL 32926

P.O. Box NOT acceptable

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.

Susan M Gotwals  
Signature of an officer or director

Susan M Gotwals Treasurer  
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.

Clifton L Best  
Signature of Registered Agent

7/11/19  
Date

If signing on behalf of an entity:

Clifton L. Best  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

FILED  
2019 AUG 22 AM 11:25  
SECRETARY OF STATE  
TALLAHASSEE, FL