## NI6 00000 3636

(D-		
(Reque	stor's Name)	
(Addro		
(Address)		
(Address)		
(City/Si	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busine	ess Entity Name)	
(Document Number)		
Certified Copies	Certificates of	Status
Special Instructions to Filir	og Officer	
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Office Use Only



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## . COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Change of Registered Agent	
Name of Corporation	
DOCUMENT NUMBER: N16000003636	
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.
Please return all correspondence concerning this matte	er to the following:
Susan M. Gotwals	
Name of Contact Person	
Brevard Backyard Beckeepers Inc.	
Firm <sup>2</sup> Company	<del></del>
3695 Lake Dr.	
Address	
Cocoa, FL 32926	
City/State and Zip Code	<del></del>
brevard backyard,bees@gmail.com	
E-mail address: (to be used for future annual repo	rt notification)
For further information concerning this matter, please	call:
Susan M Gotwals	at (321 )652-1737 Area Code & Daytime Telephone Number
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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 840 Tallahassec, FL 32303

CR21/945 (04/13)

## STATEMENT OF CHANGE OF REGIZED ASSESSED ASSESSED AGENT OR BOTH FOR CORPORATIONS

statement of c	hange is submitted for a corporation org	512, 607, 1508, or 617, 1508, Florida Statutes, this anized under the laws of the State of Florida stered agent, or both, in the State of Florida.
I. The pama o	of the corporation: Brevard Backyard Beek	seepers Inc.
2. The princip	al office address: 3695 Lake Dr. Cocoa.	FI. 32926
3. The mailing	g address (if different):	
4. Date of inco	orporation/qualitication: 04/04/2016	Document number: N16000003636
5. The name a Florida Deg	nd street address of the current registered sartment of State, (If resigned, enter resig	d agent and registered office on file with the gned)
	Clitton L. Best	
	3695 Lake Dr	
	Cocoa, FL 32926 Resigned	
6. The name a (if changed)		gent (if changed) and /or registered office
	3695 Lake Dr.	
	PO Cocoa, FL 32926	Box NOT acceptable
The street add as changed w		et address of the business office of its registered agent,
Such change authorized by	was authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.
Sus m Ashicle		Susan M Gotwals, Treasurer
Sign	ature of an afficer of director	Pfinled or typed name and title
I hereby acce I further agre of my duties, a document is b corporation h	pt the appointment as registered agent ie to comply with the provisions of all st and I am familiar with and accept the o wing filed merely to reflect a change in has been notified in writing of this change.	and agree to act in this capacity that the performance in the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address. I hereby confirm that the ge.
	•	09/25/2020
,	Signature of Registered Agent	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 (04/13)

2020 OCT 26 PH 12: 0