

Division of Corporations

N21000001502
Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE
BREVARD FAMILY PARTNERSHIP FOUNDATION, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

SEP 28 2021

S. PRATHEP

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0302, 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 Family Partnership Foundation, Inc.
2. The principal office address: 389 Commerce Pkwy., Suite 120, Rockledge, FL 32955
3. The mailing address (if different): 389 Commerce Pkwy., Suite 120, Rockledge, FL 32955
4. Date of incorporation/qualification: 02/03/2021 Document number: N21000001582
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)

Philip J. Scarpelli2301 West Eau Gallie Blvd., Suite 104Melbourne, FL 32935

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

389 Commerce Pkwy., Suite 120P.O. Box NOT acceptableRockledge, FL 32955

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.

x Carlos A. Assmann
Signature of an officer or director

Carlos A. Assmann, Chairman

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.

x Philip J. Scarpelli
Signature of Registered Agent

9/20/21

Date

If signing on behalf of an entity:

Brevard Family Partnership

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)

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