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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:09/15/2025
Name: Delijah Showers
Reference #:
Entity Name: BRIDGE HAVEN HOMEOWNERS ASSOCIATION, INC.
Articles of Incorporation/Authorization to Transact Business
Amendment
✓ Change of Agent
Reinstatement
Conversion
☐ Merger
☐ Dissolution/Withdrawal
☐ Fictitious Name
Other
Authorized Amount:\$35
Signature: Delijah Showers

F: 800.944.6607

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

	BRIDGE HAVEN HOMEOWNERS ASSOCIATION, INC.
1. The name of the corporation:	· · · · · · · · · · · · · · · · · · ·
2. The principal office address:	No Change
3. The mailing address (if different):	No Change
4. Date of incorporation/qualification	:
5. The name and street address of the Florida Department of State: (If res	current registered agent and registered office on file with the iigned, enter resigned)
	C T CORPORATION SYSTEM
1	200 SOUTH PINE ISLAND ROAD
	PLANTATION, FLORIDA 33324
6. The name and street address of the (if changed):	new registered agent (if changed) and for registered office
Co	gency Global Inc.
11	5 North Calhoun St., Suite 4
	P.O. Box. NOT acceptable
Ta	allahassee, FL 32301
The street address of its registered o as changed will be identical.	ffice and the street address of the business office of its registered agent,
Such change was authorized by reso authorized by the board, or the corporation	lution duly adopted by its board of directors or by an officer so oration has been notified in writing of the change.
Joshua S McLeod	Joshua McLeod, Director
Signature of an officer or director	Joshua McLeod, Director Printed or typed name and title
I further agree to comply with the pr of my duties, and I am familiar with document is being filed merely to re	registered agent and agree to act in this capacity. ovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the ting of this change.
I further agree to comply with the pr of my duties, and I am familiar with document is being filed merely to re	rovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the
I further agree to comply with the proof my duties, and I am familiar with document is being filed merely to recorporation has been notified in wri	rovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the ting of this change.
I further agree to comply with the proof my duties, and I am familiar with document is being filed merely to recorporation has been notified in writed. /s/ Tim Mayville	rovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the ting of this change. 9/15/2025
I further agree to comply with the prof my duties, and I am familiar with document is being filed merely to recorporation has been notified in writes Is/ Tim Mayville Signature of Registered Agent	rovisions of all statutes relative to the proper and complete performance and accept the obligation of my position as registered agent. Or, if this flect a change in the registered office address, I hereby confirm that the ting of this change. 9/15/2025 Date

* * * 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)