N2300001277

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
ertified Copies Certificates of Status
Special Instructions to Filing Officer:
Thenois
12-10-24
J.Dennis 12-10-24

Office Use Only



500439556295

FILED
2024 DEC 10 PM 3: 52
SECRETARY OF STATE

SECTION AMIN: 20

RECEIVED

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

statement of cha	provisions of sections 607.056 nge is submitted for a corpord r to change its registered offic	ution organized under the law	vs of the State of <u>F</u>	lorida	is 	
1. The name of t	he corporation: The Brady Hu	nter Foundation, Inc.				
2. The principal	office address: 3323 NE 163rd	d St, North Miami Beach, FL	. 33160			<u> </u>
3. The mailing a	ddress (if different):					
4. Date of incorp	oration/qualification: 02/07/	2023 Document r	number: N230000	01277		
	street address of the current r tment of State: (If resigned, cr		d office on file with	h the		
	BRYN LAW GROUP					
	ONE BISCAYNE TOWER,	2 SOUTH BISCAYNE BLVD) , SUITE 2600	SECR	2024 DEC 10	
	MIAMI, FL 33131				J.	T.
6. The name and (if changed):	street address of the new regi	istered agent (if changed) and	l /or registered offi	RY OF ST	РН	H.ED
	Corporation Service Compa	iny		EG.	<u> ૩</u> : 52	
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee	FL	32301			
The street addre	ss of its registered office and be identical.	the street address of the bu	siness office of its	registere	d age	nt.
Such change was authorized by the	s authorized by resolution due board, or the corporation h	ily adopted by its board of d as been notified in writing o	lirectors or by an of of the change.	officer so		
3FB49F20B6204	eon an officer or director		Josh Fox, Presider of typed name and filled			_
I hereby accept I further agree to of my duties, an document is being corporation has	the appointment as registere o comply with the provisions d I am familiar with and acco ng filed merely to reflect a cl been notified in writing of th	d agent and agree to act in s	this capacity		orma r if t that i	nce this the
By:	Service Company)	2/10/24			
S p	nature of Registered Agent	<u> </u>	Date			_
If signing on be	half of an entity:					
Hma	nda Miller -ped or Printed Name	<u> </u>				

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