

N2 7048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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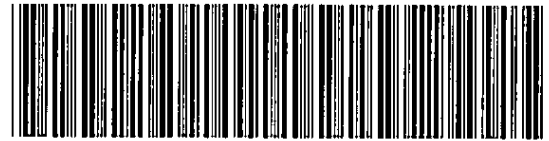
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 25 PM 3:00

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Brevard County Bridal Association, Inc.  
Name of Corporation

DOCUMENT NUMBER: N27948

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:

Kerry Moran  
Name of Contact Person

Brevard County Bridal Association  
Firm/Company

PO Box 787  
Address

Cocoa FL 32923  
City/State and Zip Code

sueannsbakery@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Armour at ( 321 ) 536-2175  
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  
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 County Bridal Association  
2. The principal office address: PO Box 787  
Cocoa FL 32923  
3. The mailing address (if different): same

4. Date of incorporation/qualification: 8/15/1988 Document number: N27948

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)

David James \*Resigned\*  
106 Dudley Dr  
Rockledge FL 32955

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

Kerry Moran  
817 E New Haven Ave  
P.O. Box NOT acceptable  
Melbourne FL 32901

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2019 OCT 22 PM 3:00  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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.

Kim Armour  
Signature of an officer or director

Kim Armour Secretary  
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.

Kerry Moran  
Signature of Registered Agent

10/22/19  
Date

If signing on behalf of an entity:

Kerry Moran  
Typed or Printed Name

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