

19300002120

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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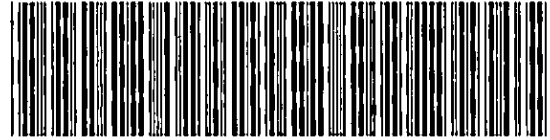
(Business Entity Name)

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TO: Amendment Section
Division of Corporations

SUBJECT: THE DOLPHIN ATHLETIC CLUB INC
Name of Corporation

DOCUMENT NUMBER: N93000002120

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:

PHILLIP GENE WETZEL
Name of Contact Person

THE DOLPHIN ATHLETIC CLUB, INC.
Firm/Company

2120 S. RIDGEWOOD UNIT 4
Address

EDGEWATER FL. 32141
City/State and Zip Code

DOLPHIN ATHLETICCLUB@G.MAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BARBARA GRAHAM at (386) 689-1374
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: THE DOLPHIN ATHLETIC CLUB INC
2. The principal office address: 2120 S. RIDGEWOOD UNIT 4
EDGEWATER, FL. 32141
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/2/93 Document number: N93000002120
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)

DECEASED 9/19/18

TAMISON D. BRADDOCK

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

PHILLIP GENE WETZEL

4654 NELLIE ST.

P.O. Box NOT acceptable

EDGEWATER, FL. 32141

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.

Barbara Graham
Signature of an officer or director

BARBARA GRAHAM, 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.

Phillip Gene Wetzel
Signature of Registered Agent

11/27/18
Date

If signing on behalf of an entity:

Typed or Printed Name

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

BUREAU of VITAL STATISTICS

CERTIFICATION OF DEATH

STATE FILE NUMBER: 2018147957

DATE ISSUED: SEPTEMBER 20, 2018

DECEDENT INFORMATION

DATE FILED: SEPTEMBER 20, 2018

NAME: JAMISON OWEN BRADDOCK

DATE OF DEATH: SEPTEMBER 19, 2018

SEX: MALE

AGE: 064 YEARS

DATE OF BIRTH: FEBRUARY 12, 1954

SSN: 046-50-6535

BIRTHPLACE: MANHATTAN, NEW YORK, UNITED STATES

PLACE WHERE DEATH OCCURRED: EMERGENCY ROOM/OUTPATIENT

FACILITY NAME OR STREET ADDRESS: FLORIDA HOSPITAL NEW SMYRNA

LOCATION OF DEATH: NEW SMYRNA BEACH, VOLUSIA COUNTY, 32168

RESIDENCE: 1820 BANYAN TREE DRIVE, EDGEWATER, FLORIDA 32132, UNITED STATES

COUNTY: VOLUSIA

OCCUPATION, INDUSTRY: SAFETY DIRECTOR, ROAD CONSTRUCTION

EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED EVER IN U.S. ARMED FORCES? YES

HISPANIC OR HAITIAN ORIGIN? NO, NOT OF HISPANIC/HAITIAN ORIGIN

RACE: WHITE

SURVIVING SPOUSE / PARENT NAME INFORMATION

(NAME PRIOR TO FIRST MARRIAGE, IF APPLICABLE)

MARITAL STATUS: MARRIED

SURVIVING SPOUSE NAME: DEBRA M BUFALO

FATHER'S/PARENT'S NAME: WARREN Q BRADDOCK

MOTHER'S/PARENT'S NAME: DOROTHY CLAIR SHEPPY

INFORMANT, FUNERAL FACILITY AND PLACE OF DISPOSITION INFORMATION

INFORMANT'S NAME: DEBRA M BRADDOCK

RELATIONSHIP TO DECEDENT: WIFE

INFORMANT'S ADDRESS: 1820 BANYAN TREE DRIVE, EDGEWATER, FLORIDA 32132, UNITED STATES

FUNERAL DIRECTOR/LICENSE NUMBER: DEBRA DUDLEY-NELSON, F043317

FUNERAL FACILITY: DUDLEY EDGEWATER FUNERAL CH F040657

433 N RIDGEWOOD AVE, EDGEWATER, FLORIDA 32132

METHOD OF DISPOSITION: CREMATION

PLACE OF DISPOSITION: DUDLEY CREMATORY
NEW SMYRNA BEACH, FLORIDA

CERTIFIER INFORMATION

TYPE OF CERTIFIER: DISTRICT MEDICAL EXAMINER

MEDICAL EXAMINER CASE NUMBER: 180700659

TIME OF DEATH (24 HOUR): 0818

DATE CERTIFIED: SEPTEMBER 20, 2018

CERTIFIER'S NAME: NOEL AZCONA PALMA

CERTIFIER'S LICENSE NUMBER: ME78540

NAME OF ATTENDING PHYSICIAN (IF OTHER THAN CERTIFIER): NOT ENTERED



, STATE REGISTRAR

REQ: 2019710004

THE ABOVE SIGNATURE CERTIFIES THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD ON FILE IN THIS OFFICE.

WARNING:

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