NGGOOC	04994		
(Requestor's Name) (Address) (Address)	400331991064		
(City/State/Zip/Phone #)	08/08/1901015018 ★≉35.00		
Certified Copies Certificates of Status	SECRETARY OF STATE OVISION OF CORPORATIONS 19 AUG - 6 PM 2: 30		
Office Use Only	Ra Chang		
	AUG 1 0 2019 D CUEHING		

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: The Brevuid Neighborhood Development Coalition. Inc. Name of Corporation

N96000004994 DOCUMENT NUMBER:

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:

Name of Contact Person		
Name of Contact Person		
Neighbor Up Brevard Firm/Company		
1151 Masterson Street Address		
Address		
Molbourne FL 32935 City/State and Zip Code		
E-mail address: (to be used for future annual report notification)	19	SIME
For further information concerning this matter, please call:	19 AUS -6	CRETARY
Lyin Brackwell-(arcc)at (321)253-4214Name of Contact PersonArea Code & Daytime Telephone	Number	OF SI
Lyin Brockwell-(arcy Name of Contact Person at (321) 253 - 9214 Area Code & Daytime Telephone Enclosed is a \$35.00 check made payable to the Department of State.	: 30	ATIONS

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 $\underline{Florgda}$ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: The Brevered Neighborn cold Developmente Continion, Inc.

2. The principal office address: 1151 Masterson Street

My 10001 ne FL, 32435

3. The mailing address (if different):____

4. Date of incorporation/qualification: 912011996 Document number: N9600009999

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)

(outtruly Gateman	·
1151 Majersin it	
Milbourne FL 32935	

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

1151 Masterson St. P.O. Bus NOT acceptable	<u>ر</u> 1-	ETAR
MULIBOURNY, FL 32435	PM	

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.

Signature of an officer or director

5

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.

ure of Regis

If signing on behalf of an entity:

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314