ŧ 913 **3**Florit 6/1/23, 8:45 AM Corporations of State **Division of Corporations** 

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To:

Division of Corporations Fax Number : (850)617-6380

From:

Account Name	: REGISTERED AGENTS INC.
Account Number	: 12009000081
Phone	: (307)200-2803
Fax Number	: (855)330-1010

\*\*Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please

Email Address:\_\_\_\_\_

## **REGISTERED AGENT CHANGE BRUNET-GARCIA ADVERTISING INC.**

Certificate of Status	0
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## 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: <u>BRUNET-GARCIA ADVERTISING INC.</u>

The principal office address:

3. The mailing address (if different):

- 4. Date of incorporation/qualification:  $\frac{05/21/2003}{-}$ \_\_\_\_\_ Document number: P03000055913
- 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)

BRUNET, DIANE K

1534 Oak St. 201

Jacksonville, FL 32204

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

Northwest Registered Agent LLC	
7901 4th St N STE 300	
P.O. Bo	NOT acceptable
St. Petersburg FL 33702	
The street address of its registered office and the street as changed will be identical.	address of the business office of its registered agent. $\frac{2}{2}$
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	
an for the other	Ben Garthwaite - Director
Signature of an officer or director	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.

06/07/2023

Date

If signing on behalf of an entity:

Taylor Newman

Typed or Printed Name

Signature of Registered Agent

\* \* \* 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)