Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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REGISTERED AGENT CHANGE BAUER FOUNDATION CORP.

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PLEASE HONOR ORIGINAL DATE 05/13/2019

C. GOLDEN

To: Page 4 of 4

2019-05-15 12:49:46 CST

19542080845 From Ranae McGraw

850-617-6381

5/15/2019 10:36:07 AM PAGE 1/001 Fax Server



May 15, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

BAUER FOUNDATION CORP. 13203 BYRD LEGG DR ODESSA, FL 33556US

SUBJECT: BAUER FOUNDATION CORP.

REF: P04000052985

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

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Claretha Golden Regulatory Specialist II FAX Aud. #: H19000157397 Letter Number: 519A00009767

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

statement of cha	nge is submitted for a corporat	l, 617.0502, 607.1508, or 617.1508, Florid ion organized under the laws of the State of or registered agent, or both, in the State o	of	· ——
	he corporation: BauerFoundation			• • • • • •
2. The principal 13203ByrdL	office address:eggDrive,Odessa,FI.33556			
4. Date of incorp	poration/qualification: 3/25/200	Document number: P0400	0052985	
	street address of the current re tment of State;(If resigned, ent	gistered agent and registered office on file er resigned)	with the	
	James Cocke			
	13203ByrdLeggDrive,Odessa	.FL33556	T ATT CLOS	2016
			·	
6. The name and (if changed):	street address of the new regis	tered agent (if changed) and /or registered	-	
	CTCorporationSystem		<u>.</u>	
	c/oCTCorporationSystem,120	0SouthPineIslandRoad	23	
	P O Box NOT acceptable			
	Plantation,Florida33324		— <u>-</u>	
The street addre	ss of its registered office and the identical.	he street address of the business office of	fits registered :	agent,
Such change was authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by a been notified in writing of the change.	m officer so	
Watabu P		NataliePickens-AuthorizedPerso	on	
	e of an officer or director	Printed or typed name and	titie	
performance of t agent. Or, if this hereby confirm t	o comply with the provisions o my ditties, and I um familiar w s document is heing filed mere hat the corporation has been t	ayent and agree to act in this capacity, fall statutes relative to the proper and co ith and accept the obligation of my positi by to reflect a change in the registered of, iotified in writing of this change,	omplete ion as registere fice address, f	ed
By: CTCorp	orofinnSystem	5-13-19		
Sign	attirbut Registered Agent	Date		
If signing on beh	alf of an entity:			
SarahRevelle-As	st.Secretary			
Ту	ped or Printed Name			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL32314 CR2F645 (03/12)