

P200000016029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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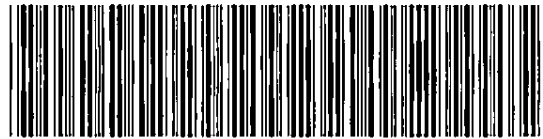
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CASAVA, INC.
Name of Corporation

DOCUMENT NUMBER: P20000016029

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:

PETER D. VAUGHN

Name of Contact Person

CASAVA, INC.

Firm/Company

3165 CEDAR BAY DRIVE

Address

MELBOURNE, FL 32934

City/State and Zip Code

pdvaughn@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PETER D. VAUGHN

Name of Contact Person

at (321) 698-9199

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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.

2. The principal office address: 3165 CEDAR BAY DRIVE
MELBOURNE, FL 32934

4. Date of incorporation/qualification: 02/03/2020 Document number: P20000016029

MELBOURNE, FL 32935

MELBOURNE, FL 32935

Date _____

CR2E045 (04/13)