P20000016029

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· TO:

TO:	Amendment Section Division of Corporations	
	ECT: CASAVA, INC. of Corporation	
DOC	UMENT NUMBER: P20000016029	
The er	nclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
PETE	R.D. VAUGHN	
Name	of Contact Person	- 11-15 E-110
CASA	VA, INC.	
Firm/0	Company	·
3165 0	CEDAR BAY DRIVE	
Addre	SS	
MELB	OURNE, FL 32934	
City/S	tate and Zip Code	
	pdvaughn@gmail.com	
E-mai	il address: (to be used for future annual	report notification)
	·	•
For fu	rther information concerning this matter, p	please call:
PETER	R D. VAUGHN	at / 321 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	Name of Contact Person	at (321) 698-9199 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	
	Mailing Address:	Street Address:
	Mailing Address: Amendment Section	Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of cha	, unge is submitted for a corporation org	502, 607.1508, or 617.1508, Florida Stat anized under the laws of the State of <mark>Flor</mark> istered agent, or both, in the State of Flor	rida	
	the corporation: CASAVA, INC.	, and the second		
2. The principal	office address: 3165 CEDAR BAY DRI	VE		
MELBOURNE.				
3. The mailing a	address (if different): SAME AS ABOV	E		
4. Date of incor	poration/qualification: 02/03/2020	Document number: P2000001602		
	d street address of the current registered rtment of State: (If resigned, enter resig	I agent and registered office on file with t gned)	he	
	MARK J. BOYD			
	360 N BABCOCK ST, STE 104	TAL	2023	
	MELBOURNE, FL 32935		2023 NOV 14	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): JOEL E. BOYD 360 N BARCOCK ST. STE 104				
	JOEL E. BOYD		FLOST F	
	360 N BABCOCK ST, STE 104		RIDA RIDA	
P.O. Box NOT acceptable				
	MELBOURNE, FL 32935			
The street address changed will	ess of its registered office and the stre be identical.	et address of the business office of its re	egistered agent.	
Such change wa	as authorized by resolution duly adop he hoard, or the corporation has been	ted by its board of directors or by an off notified in writing of the change.	icer so	
		PETER D. VAUGHN, Director		
//	ricof an officer or director	Printed or typed name and title		
I further agree of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all st ad I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	atules relative to the proper and comple bligation of my position as registered ag the registered office address, I hereby c	ete performance gent. Or, if this confirm that the	
	Chym	10/27/23		
Sig	nature of Regi hered-Agent	Date		
If signing on bo	chalf of an entity:			
T	yped or Printed Name			
	* * * FILING I	FEE: \$35.00 * * *		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314