

P23000066471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

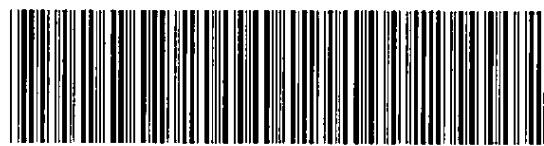
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100415964861

09/08/2010 010724025 ***35.00

100415964861
09/08/2010 010724025 ***35.00

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: BROMELIADS BY DAVE INC
Name of Corporation

DOCUMENT NUMBER: P23000066471

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:

DAVID SAND

Name of Contact Person

BROMELIADS BY DAVE INC

Firm/Company

3343 KENNEDY DRIVE

Address

VENICE, FL 34292

City/State and Zip Code

DAVID@MICHAELSBROMELIADS.COM

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

For further information concerning this matter, please call:

DAVID SAND

Name of Contact Person

at (

941

) 266-2542

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

**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: BROMELIADS BY DAVE INC
2. The principal office address: 3343 KENNEDY DRIVE
VENICE, FL 34292
3. The mailing address (if different): 1435 E. VENICE AVE. #104-251, VENICE, FL 34292
4. Date of incorporation/qualification: 9/14/2023 Document number: P23000066471
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)

DAVID SAND

2561 DAGON RD

VENICE, FL 34293

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

DAVID SAND

3343 KENNEDY DRIVE

P.O. Box NOT acceptable

VENICE, FL 34292

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.

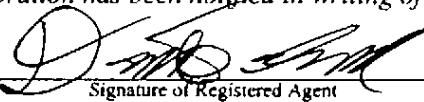


Signature of an officer or director

DAVID SAND DIR

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.



Signature of Registered Agent

9-23-2023

Date

If signing on behalf of an entity:

DAVID SAND

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE