

N09000008634

(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



100236596661

06/22/12--01007--029 **35.00

FILED
12 JUN 22 PM 3:37
TALLAHASSEE, FLORIDA

ALM

JUN 22 2012
C. MUSTAIN

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Coast Worksite Wellness Council, Inc.
Name of Corporation

DOCUMENT NUMBER: N09000008634

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:

ReShawndia Mitchell
Name of Contact Person
First Coast Worksite Wellness Council, Inc.
Firm/Company
900 University Boulevard North, Suite 205
Address
Jacksonville, Florida 32211
City/State and Zip Code
rmitchell@firstcoastwwc.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ReShawndia Mitchell at (904) 253-2277
Name of Contact Person 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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: First Coast Worksite Wellness Council, Inc.
2. The principal office address: 900 University Boulevard North, Suite 205
Jacksonville, Florida 32211
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/3/2009 Document number: N09000008630
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)

FILED
12 JUN 22 PM 3:37
TALLAHASSEE, FLORIDA

Dorette Nysewander
9252 San Jose Boulevard Suite 2401
Jacksonville, Florida 32257-5599

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

ReShawndia Mitchell
900 University Boulevard North, Suite 205
P.O. Box NOT acceptable
Jacksonville, Florida 32211

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.

ReShawndia Mitchell
Signature of an officer or director

ReShawndia Mitchell, Chair
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.

ReShawndia Mitchell
Signature of Registered Agent

6/20/12
Date

If signing on behalf of an entity:

Typed 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, FL 32314