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COVER LETTER

TO: Amendment Section **Division of Corporations** Jacksonville Real Estate Investors' Association Inc. SUBJECT: Name of Corporation 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: Ellen R McKinlay Name of Contact Person Jacksonville Real Estate Investors' Association Inc. Firm/Company 103 Century 21 Drive Suite 202 Address Jacksonville FI, 32216 City/State and Zip Code executivedirectorjaxreia@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ellen R McKinlay Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. **Street Address:** Mailing Address: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

| statement of char | nge is submitted for a corporation organ | 2, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of Florida | <u></u> | |
|---|---|--|------------|--|
| in order | to change its registered office or registe | ered agent, or both, in the State of Florida. | | |
| I. The name of the | he corporation: Jacksonville Real | Estate Investors' Association Inc | o | |
| 2. The principal of | office address: 103 Century 21 D | rive Suite 202 Jacksonville FL 32 | 2216 | |
| | | | | |
| 3. The mailing ac | ddress (if different): | | | |
| 4. Date of incorp | oration/qualification: 11/26/1985 | Document number: N12277 | | |
| | street address of the current registered a tment of State: (If resigned, enter resigne | ngent and registered office on file with the ed) | | |
| | McKinlay, Louise R. | | | |
| , | 103 CENTURY 21 DRIVESUITE 202JACKSONVILLE, FL 32216 | | | |
| | | | | |
| 6. The name and (if changed): | street address of the new registered age | nt (if changed) and /or registered office | | |
| | Ellen R McKinlay | | | |
| P.O. Box NOT acceptable | | Facceptable Company Co | En abrille | |
| The street addre | ss of its registered office and the street be identical. | address of the business office of its registered | l agent, | |
| Such change wa authorized by th | s authorized by resolution duly adopted e board, or the corporation has been no | I by its board of directors or by an officer so stifled in writing of the change. | | |
| J. | Chegato Coras | Gonzalo Corzo | | |
| Signofur | re of the officer or director | Printed or typed name and title | | |
| I further agree to performance of agent. Or, if thi | my duties, and I am familiar with and a | utes relative to the proper and complete accept the obligation of my position as registe lect a change in the registered office address. | red I | |
| Ellen | P. M. Kinlay | 3/28/18 | | |
| Sign | nature of Registered Agolit | Date | | |
| If signing on bel | half of an entity: | | | |
| Ту | ped or Printed Name | | | |

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