

N13618

(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:** Jacksonville Gem and Mineral Society  
Name of Corporation

N13618  
**DOCUMENT NUMBER:**

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:

M. Elizabeth Caplan  
Name of Contact Person

Firm/Company

6550 St. Augustine Rd. #8  
Address

Jacksonville, FL 32217  
City/State and Zip Code

✓bcapcpa@aol.com  
E-mail address: (to be used for future annual report notification)

SECRET  
FALL HASSEE, FL 32310  
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For further information concerning this matter, please call:

Darlene E. Gunsolus 904 220-3957  
Name of Contact Person at ( ) 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: Jacksonville Gem and Mineral Society
- 2. The principal office address: 6653 Powers Avenue, Suite #132  
Jacksonville, FL 32217
- 3. The mailing address (if different): Same
- 4. Date of incorporation/qualification: 2/27/1986 Document number: N13618

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)

Curtis K. Siver  
829 E. Doty Branch Lane  
Jacksonville, FL 32259

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

M. Elizabeth Caplan  
6550 St. Augustine Road #8  
P.O. Box NOT acceptable  
Jacksonville, FL 32217

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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.

*Darlene E. Gunsolus* Darlene E. Gunsolus, President Elect  
Signature of an officer or director 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.*

*M. Elizabeth Caplan* October 2, 2004  
Signature of Registered Agent Date

If signing on behalf of an entity:  
M. Elizabeth Caplan  
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