

Division of Corporations

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714162

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
URBAN JACKSONVILLE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

FILED
15 JAN 29 PM 4:46
OFFICE OF STATE
CORPORATIONS, FLORIDA

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15 JAN 29 PM 4:24

REPAIRS
DIVISION
CORPORATIONS
FLORIDA

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PACH

01/30/15

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Urban Jacksonville, Inc.
Name of Corporation

DOCUMENT NUMBER: 714162

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:

Michael G. Ware, CFO
Name of Contact Person
Urban Jacksonville, Inc.
Firm/Company
4250 Lakeside Drive, Suite 300
Address
Jacksonville, FL 32210
City/State and Zip Code
mware@agingtrus.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael G. Ware at (904) 807-1304
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: Urban Jacksonville, Inc.
- 2. The principal office address: 4250 Lakeside Dr., Suite 300, Jacksonville, FL 32210
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 2-26-1968 Document number: 714162
- 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)

Eric J. Holshouser
50 North Laura Street, Suite 2800
Jacksonville, FL 32202

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

C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

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.

Michael G. Ware
 Signature of an officer or director

Michael G. Ware, Chief Financial Officer
 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.

C T Corporation System
 By: *Carrie B...*
 Signature of Registered Agent

01/29/2015
 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
 CR2E045 (03/12)