Current Mail	ling Address:			
	TON STREET LLE, FL 32204			
FEI Number: NOT APPLICABLE			Certificate of Status Desired: No	
Name and Address of Current Registered Agent:				
MEIDE, MOSES 817 NORTH MAIN ST JACKSONVILLE, FL 32202 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
SIGNATURE: MOSES MEIDE				01/18/2023
	Electronic Signature of Registered Agent			Date
Officer/Director Detail :				
Title	STD	Title	PD	
Name	BALDWIN, CHARLES L	Name	WYSE, RANDALL W	
Address	625 STOCKTON ST	Address	625 STOCKTON ST.	
City-State-Zip:	JACKSONVILLE FL 32204	City-State-Zip:	JACKSONVILLE FL 32204	
Title	D			
Name	OSBORNE, LARRY			
Address	8743 RICARDO LA			

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHARLES LONDON BALDWIN

Electronic Signature of Signing Officer/Director Detail

STD

# **DOCUMENT# 747440**

### Entity Name: FIREFIGHTERS FRINGE BENEFITS OF JACKSONVILLE, INC.

## **Current Principal Place of Business:**

625 STOCKTON STREET JACKSONVILLE, FL 32204

FILED Jan 18, 2023 **Secretary of State** 4354578479CC

> 01/18/2023 Date