## 269684

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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT:

George M. Linville Corp.

Name of Corporation

DOCUMENT NUMBER: 269684

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:

Amy H. Johnson, Esq. Name of Contact Person

Brant, Abraham, Reiter, McCormick & Johnson, PA Firm/Company

> 50 N. Laura St., Ste. 2750 Address

Jacksonville, Florida 32202 City/State and Zip Code

ahjohnson@barmjlaw.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy H. Johnson	at ( 904 )	358-2750
Name of Contact Person	Area Code &	Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

<u>Mailing Address:</u> 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

CR2E045 (8/05)

## 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 cor	poration: George	Μ.	Linville C	orp.

## 2. The principal office address: 6842 St. Augustine Road, Jacksonville, Florida 32217

3. The mailing address (if different): 2145 Sweet Briar Lane, Jacksonville, Florida 32217

4. Date of incorporation/qualification:	9-25-72 Document number:	269684

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)

	Jo Ann Linville - resigned			
	6842 St Augustine Rd			
	Jacksonville, Florida 32217		10 H	
The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	All Sol	AY -5	
	Brant, Abraham, Reiter, McCormick & Johnson, PA	EFF	PH	
	50 N. Laura Street, Suite 2750	LOR	2:06	0
	P.O. Box NOT acceptable	6A	0,	
	Jacksonville, Florida 32202	للحتول		

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.

Jo Ann Linville, President

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.

27-2010 enature of Registered

If signing on behalf of an entity:

Reiter, McCormick + Johnson, P.A. braham 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 (8/05)

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