293563

•		
(Re	equestor's Name)	
(Ac	ddress)	
(Ad	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bt	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	-

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TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Barton/Slighs, Inc. (FEI#: 59-1095201) (Name of corporation)
(Ivalie of corporation)
DOCUMENT NUMBER: 293563_(Charter #)
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:
Thomas W. Brooks, III
(Name of person)
Barton/Slighs, Inc.
(Name of firm/company)
1301 Riverplace Blvd., Suite 2014 (Address)
Jacksonville, FL 32207 (City/state and zip code)
For further information concerning this matter, please call:
Thomas W. Brooks, III at (904) 396-6880 (Name of 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 409 E. Gaines Street Tallahassee, FL 32399

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	s 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, or a corporation organized under the laws of the State of
Florida	-	nge its registered office or registered agent, or both, in the State
of Florida.		<u></u>
1. The name of	the corporation:B	arton/Slighs, Inc.
2. The principal	office address: 2	405 South Third Street
· · · · · · · · · · · · · · · · · · ·	J	acksonville Beach, FL 32250
3. The mailing a	nddress (if different):	1301 Riverplace Blvd. Suite 2014
		Jacksonville, FL 32207
4. Date of incor	poration/qualification:	06/02/1965 Document number: 293563
	I street address of the or rtment of State:	surrent registered agent and registered office on file with the
	Sara 0.	Barton
	2405_Sou	th Third Street
	Jacksonv	ille Beach, FL 32250
6. The name ar changed):	nd street address of the	e new registered agent (if changed) and /or registered office (if
•	1301 Rivern	lace Blvd, Suite 2014
		Box or personal mallbox NOT acceptable)
	Jacksonvill	e, FL 32207
The street addreagent, as change	ess of its registered off ed will be identical.	ice and the street address of the business office of its registered
Such change was authorized by the	as authorized by resolute board, or the corpor	ation duly adopted by its board of directors or by an officer so ation has been notified in writing of the change.
(Signature of an officer	•	
I hereby accept I further agree performance of registered agen office address	the appointment as re to comply with the pro my duties, and I am fa it. Or, if this documen Lereby confirm that	egistered agent and agree to act in this capacity. Sivisions of all statutes relative to the proper and complete Samiliar with and accept the obligation of my position as It is being filed merely to reflect a change in the registered The corporation has been notified in writing of this change.
- Aramina	ignature of Registered Agent)	11/05/2002 (Date)
If signing on behal	f of an entity:	
	Typed or Printed Name)	(Capacity)

Make checks payable to Florida Department of State and Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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