

703737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

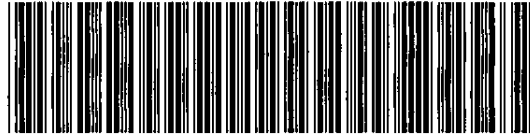
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Trinity Rescue Mission, Inc.
Name of Corporation

DOCUMENT NUMBER: 703737

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:

Robert L. Jones III

Name of Contact Person

Jimerson + Cobb, P.A.

Firm/Company

One Independent Drive, Suite 1400

Address

Jacksonville FL 32202

City/State and Zip Code

rjones@jimersoncobb.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert L. Jones III

Name of Contact Person

at (904) 389-0050

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Trinity Rescue Mission, Inc.
2. The principal office address: 622 Union Street
Jacksonville, FL 32202
3. The mailing address (if different): 800 Hammond Blvd.
Jacksonville, FL 32221

4. Date of incorporation/qualification: 03/16/1962 Document number: 703737

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)

Jones, Robert L. III
5150 Belfort Road South Building 500
Jacksonville, FL 32256

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

Jones, Robert L. III
One Independent Drive, Suite 1400
Jacksonville, FL 32202

P.O. Box NOT acceptable

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.

Thomas C. Messer
Signature of an officer or director

Thomas C. Messer, President
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.

[Signature]
Signature of Registered Agent

10-7-15
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)

FILED
2015 OCT 13 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA