

704 013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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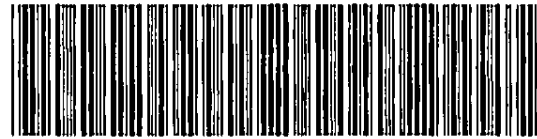
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 27, 2018

FLORENT PIGNAUD
ALLIANCE FRANCAISE DE JACKSONVILLE, INC.
1628 SAN MARCO BLVD STE #9
JACKSONVILLE, FL 32207

SUBJECT: ALLIANCE FRANCAISE DE JACKSONVILLE, INC.
Ref. Number: 704013

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

The name and title of the person signing the document must be noted beneath or opposite the signature.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 518A00020200

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ALLIANCE FRANCAISE DE JACKSONVILLE, INC
Name of Corporation

DOCUMENT NUMBER: DTN3022883 CH47370

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:

FLORENT PIGNAUD

Name of Contact Person

ALLIANCE FRANCAISE DE JACKSONVILLE, INC

Firm/Company

1628 SAN MARCO BLVD STE #9

Address

JACKSONVILLE, FL 32207

City/State and Zip Code

contact@afjacksonville.org

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

For further information concerning this matter, please call:

FLORENT PIGNAUD

Name of Contact Person

at (**904**) **235 0472**

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: ALLIANCE FRANCAISE DE JACKSONVILLE, INC.
2. The principal office address: 1628 SAN MARCO BLVD, STE #9 JACKSONVILLE FL 32207

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/04/1962 Document number: DTN3022883 CH47370

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)

SHEILA KLOC

3797 Crosswater Boulevard

Jacksonville, FL 32224

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

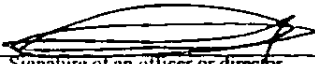
FLORENT PIGNAUD

1628 SAN MARCO BLVD, STE #9 JACKSONVILLE FL 32207

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.


Signature of an officer or director

FLORENT PIGNAUD

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 of Registered Agent

FLORENT PIGNAUD

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
18 NOV - 1 PM 4:38
TALLAHASSEE, FL