

709967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

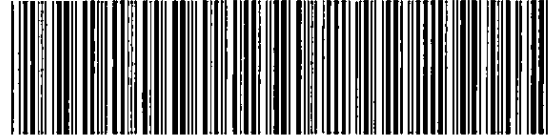
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Missing Signature

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SECRETARY OF
TALLAHASSEE, FLORIDA

2023 MAR 13 PM 2:55

FILED

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6/15/23

DC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2023

KELVIN WILLIAMS
521 S. EDGEWOOD AVE
JACKSONVILLE, FL 32205

SUBJECT: NORTH FLORIDA COUNCIL, INC., BOY SCOUTS OF AMERICA
Ref. Number: 709967

We have received your document for NORTH FLORIDA COUNCIL, INC., BOY SCOUTS OF AMERICA and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

If the corporation is a **PROFIT** corporation it must be signed by a director, president or other officer - if directors or officers have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 023A00012505

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Florida Council, INC., Boy Scouts Of America
Name of Corporation

DOCUMENT NUMBER: 709967

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:

Kelvin Williams

Name of Contact Person

North Florida Council, INC., Boy Scouts Of America

Firm/Company

521 S. Edgewood Ave

Address

Jacksonville, FL 32205

City/State and Zip Code

kelvin.williams@scouting.org

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

For further information concerning this matter, please call:

Kelvin Williams

Name of Contact Person

at (904)

265-3800

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: North Florida Council, INC., Boy Scouts Of America
2. The principal office address: 521 S. Edgewood Ave
Jacksonville, FL 32205
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/23/1965 Document number: 709967
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)

Sears, Jack L., Jr. (retired)

521 S. Edgewood Ave

Jacksonville, FL 32205

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

Kelvin Williams

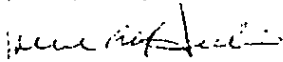
521 S. Edgewood Ave

P.O. Box NOT acceptable

Jacksonville, FL 32205

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.

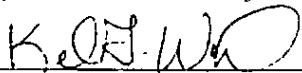


Signature of an officer or director

ROBERT A. HERTZ
VP GENERAL MGMT

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

3/8/2023

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 (04/13)