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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (850)222-1092 Phone Fax Number : (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE URBAN JACKSONVILLE, INC.

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· Proper

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJI	Urban Jacksonville, Inc.
	Name of Corporation
DOCL	MENT NUMBER:
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Michael G. Ware, CFO
	Name of Contact Person
	Urban Jacksonville, Inc.
	Firm/Company
	4250 Lakeside Drive, Suite 300
	Address
	Jacksonville, FL 32210
	City/State and Zip Code
	mware@agingtrue.org
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
Michae	I G. Ware 904 807-1304
	Name of Contact Person Area Code & Daytime Telephone Number
Enclos	ed 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

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stange is submitted for a corporation organized under the laws of the State of $\frac{\mathrm{Flo}}{\mathrm{c}}$ to change its registered office or registered agent, or both, in the State of Flo	orida	_	
	ne corporation: Urban Jacksonville, Inc.	. •		
2. The principal	office address: 4250 Lakeside Dr., Suite 300, Jacksonville, FL 32210			_
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 2-26-1968 Document number: 714162			_
	street address of the current registered agent and registered office on file with timent of State: (If resigned, enter resigned)	the		
	Eric J. Holshouser			
	50 North Laura Street, Suite 2800			
	Jacksonville, FL 32202		IS JAN	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic	• NASSET	29	
	C T Corporation System	그 그 그	PX	C
	c/o C T Corporation System, 1200 South Pine Island Road		†: †	
	P.O. Box NOT acceptable Plantation, Florida 33324	g _{er} ,	9	
The street addre	ss of its registered office and the street address of the business office of its redentical.	egistered ag	gent,	
Such change was authorized by the	s authorized by resolution duly adopted by its board of directors or by an of e board, or the corporation has been notified in writing of the change.	ficer so		
Michael	Michael G. Ware, Chief Financial Off	icer		
I hereby accept I further agree of performance of agent. Or, if the hereby confirm	the appointment as registered agent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and compl my duites, and I am familiar with and accept the obligation of my position a s document is being filed merely to reflect a change in the registered office that the corporation has been notified in writing of this change.	lete 13 registered 14 address, I	1	
By: CT Con	CT Corporation System By: Compa Base 0: 129 2015		_	
If signing on be	half of an entity:			
<u></u>	ped 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
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