

748673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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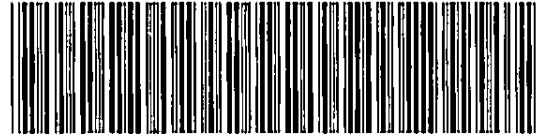
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

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NOV 30 2018

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: River Region Human Services, Inc.

Name of Corporation

DOCUMENT NUMBER: 748673

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:

Jacqueline Dowdy

Name of Contact Person

River Region Human Services, Inc.

Firm/Company

3901 Carmichael Avenue

Address

Jacksonville, FL 32207

City/State and Zip Code

jdowdy@rrhs.org

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

For further information concerning this matter, please call:

Jacqueline Dowdy

Name of Contact Person

at (904) 899-6300, ext 4714

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: River Region Human Services, Inc.
2. The principal office address: 3901 Carmichael Avenue
Jacksonville, FL 32207
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 08/28/1979 Document number: 748673

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)

Robin P Abbott
3901 Carmichael Avenue
Jacksonville, FL 32207

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

Jacqueline Dowdy
3901 Carmichael Avenue
P.O. Box NOT acceptable
Jacksonville, FL 32207

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.

Kay F. Fullwood
Signature of an officer or director

Kay F. Fullwood
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.*

Jacqueline Dowdy
Signature of Registered Agent

November 12, 2018
Date

If signing on behalf of an entity:

Jacqueline Dowdy
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)

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TALLAHASSEE, FL