

768247

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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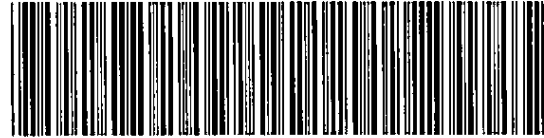
(Business Entity Name)

(Document Number)

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AUG 21 2019

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R/A-CH

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOWNTOWN ECUMENICAL COUNCIL SERVICES, INC.
Name of Corporation (DESC)

DOCUMENT NUMBER: 768247

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:

DAVID CLARK
Name of Contact Person

DESC
Firm/Company

215 NORTH OCEAN ST
Address

JACKSONVILLE, FL 32202
City/State and Zip Code

DAVID.CLARK@DESC.TAX.ORG ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CLARK at (904) 704-4819
Name of Contact Person 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: DOWNTOWN ECUMENICAL SERVICES COUNCIL, INC.
2. The principal office address: 215 NORTH OCEAN ST
JACKSONVILLE, FL 32202
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4/29/1983 Document number: 768247

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)

MEUX, JOSEPH, CLAY JR
1301 RIVERPLACE BLVD STE 1500
JACKSONVILLE, FL 32207

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

DAVID CLARK
215 NORTH OCEAN ST
P.O. Box NOT acceptable
JACKSONVILLE, FL 32202

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.

X Rosalind Berry
Signature of an officer or director

X Rosalind Berry (Rolly) P
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.

X David Clark
Signature of Registered Agent

X 8/7/19
Date

If signing on behalf of an entity:

David Clark
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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STATE OF FLORIDA