## F22480

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
|                         |                    |           |
| (Ad                     | dress)             |           |
|                         |                    |           |
| (Address)               |                    |           |
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| (Cit                    | ty/State/Zip/Phone | e #)      |
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| PICK-UP                 | ☐ WAIT             | MAIL      |
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| (Bu                     | isiness Entity Nan | ne)       |
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| (Do                     | cument Number)     |           |
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| Certified Copies        | Certificates       | of Status |
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| Special Instructions to | Filing Officer:    |           |
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SECRETARY OF STATE TALLAHASSEF FLORIDA

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## TRANSMITTAL LETTER

Amendment Section Division of Corporations

TO:

| SUBJECT: Taylor, Day & Currie, P.A.  |  |  |
|--|--|--|
| (Name of corporation)  |  |  |
| DOCUMENT NUMBER: F 22480   |  |  |
| 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:  |  |  |
|  |  |  |
| Reed W. Grimm  |  |  |
| (Name of person)   |  |  |
|  |  |  |
| Taylor, Day & Currie, P.A. (Name of firm/company)  |  |  |
| (Nume of Intra-oringally)  |  |  |
| 50 North Laura Street, Suite 3500  |  |  |
| (Address)  |  |  |
|  |  |  |
| Jacksonville, Florida 32202  |  |  |
| (City/state and zip code)  |  |  |
| For further information concerning this matter, please call:   |  |  |
|  |  |  |
| Reed W. Grimm at (904) 356-0700  (Name of person) (Area code & daytime telephone number)   |  |  |
| (Name of person) (Area code & daytime telephone number)  |  |  |
| Enclosed is a \$35.00 check made payable to the Department of State.   |  |  |
| Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327409 E. Gaines StreetTallahassee, FL 32314Tallahassee, FL 32399 |  |  |

## 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: Taylor, Day & Currie, P.A.   |
| 2. The principal office address: 50 North Laura Street, Suite 3500   |
| The principal office address: 50 North Laura Street, Suite 3500      Jacksonville, Florida 32202   |
| 3. The mailing address (if different): same  |
|  |
| 4. Date of incorporation/qualification: 3/15/81 Document number: F 22480   |
| 5. The name and street address of the current registered agent and registered office on file with the  |
| Stephen E. Day   |
| 50 North Laura Street, Suite 3500  |
| Jacksonville, Florida 32202  |
| Stephen E. Day  50 North Laura Street, Suite 3500  Jacksonville, Florida 32202  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Reed W. Grimm   |
| The state of the s |
| 50 North Laura Street, Suite 3500  (P.O. Box or personal mailbox NOT acceptable)   |
| Jacksonville, Florida 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.  |
| Reed W. Grimm, Director  |
| (Signature of an officer or director)  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)  |
| (Signature of Registered Agent) (Date)   |
| If signing on behalf of an entity:   |
| (Typed or Printed Name) (Capacity)   |

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