

H02369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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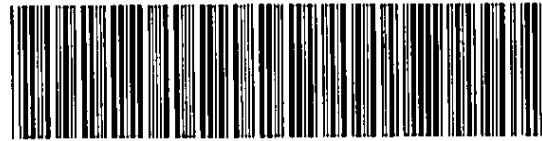
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2/1/24/21

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: St. John & Partners Advertising and Public Relations, Inc.
Name of Corporation

DOCUMENT NUMBER: H02369

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:

Richene Oliver

Name of Contact Person

Adams and Reese LLP

Firm/Company

501 Riverside Avenue, Suite 601

Address

Jacksonville, FL 32202

City/State and Zip Code

lauricsullivan@sjp.com

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

For further information concerning this matter, please call:

Richene Oliver

Name of Contact Person

at (904)

355-1700

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: St. John & Partners Advertising and Public Relations, Inc.
2. The principal office address: 1301 Riverplace Boulevard, Suite 200
Jacksonville, FL 32207
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 05/07/1984 Document number: H02369
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)

Dan St John

1158 Fruit Cove Road

Jacksonville, FL 32259

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

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

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.

Laurie Sullivan
Signature of an officer or director

Laurie Sullivan, VP/Finance Director

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.

C T Corporation System

Nichol McCroy
Signature of Registered Agent

02/22/2021

Date

If signing on behalf of an entity:

Nichol McCroy, Assistant Secretary

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
CR2H045 (04/13)

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TALLAHASSEE, FL