Requester's Name Address City/State/Zip Phone

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1,		
(Corporation Name)		(Document #)
2	(Corporation Name)	(Document #) 6000033975065
3	(Corporation Name)	-03/19/0001022005 ****105.00 *****35.00 (Document #)
4	(Corporation Name)	(Document #)
NE OOO	Walk in Pick up time Mail out Will wait WFILINGS Profit Not for Profit Limited Liability Domestication Other	Certified Copy Photocopy Certificate of Status AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
<u>ro</u>	CHER FILINGS Annual Report Fictitious Name	REGISTRATION/QUALIFICATION Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

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

	e provisions of sections d corporation organized)8, _Florida Statutes,
submits the foll	owing statement in ord	er to change its register	red office or register	ed agent, or both, in
the State of Flo				4
1. The name of	the corporation is:	Haskell Commi	unity Develo	opers, Inc.
2. The mailing	address of the corporati	on is: lll Rivers	ide Avenue, Jacks	sonville, FL 322
3. Date of inco	rporation/qualification:	1/28/87	_Document number:	J53869
4. The name an	d address of the current	registered agent and of	fice:	
	C. Eð	ward Vandergriff		00
	111 R:	iverside Avenue		S T
	Jacks	onville, FL 32231		
5. The name an	d address of the new re	gistered agent and office	e: (P. O. Box Not Ac	ceptatile) 👱 🎵
	Hans (G. Tanzler, III		5 c
	111 R	iverside Avenue		56
	Jacks	onville, FL 32231		-
The street addragent, as chang	ress of its registered off ged, will be identical.	ice and the street addre	ess of the business of	fice of its registered
Such change wauthorized by t	as authorized by resolu	ition duly adopted by it	s board of directors	or by an officer so
addionized by	How S		9	-10 -00
(Signature	of an officer, chairman or vic	e chairman of the board)		Date)
Rober	+ U. Sollo (Printed or typed name)	Lico Pres		
Corporation, I	amed as registered age hereby accept the apport to comply with the profession duties, and I am for the complete.	oiniment as registerea covisions of all statutes r	igeni and agree to a elative to the proper	and complete
<i>\</i>	an 1 xh		9-12-6	,)
. 00	Signature of Registered Agent	1)	(Date)	
If signing on beha	ilf of an entity:			
	(Typed or Printed Name)		(Capacîty)	
	* *	* FILING FEE: \$35.0)0 * * *	

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