

LOS 000105510

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

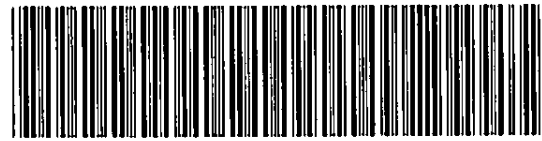
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF FLORIDA
TALLAHASSEE, FL
MAR 25 AM 9:13

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

MAR 26 PM 4:34

STATE
R. HUNT
03/26/24



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 03/26/2024

Name: Patrice Rush

Reference #: 2306998

Entity Name: FIRST COAST ASSOCIATION MANAGEMENT, LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

2024 MAR 26 AM 9:13
 STATE
 TALLAHASSEE, FL

Authorized Amount: \$25.00

Signature:

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Coast Association Management, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sonia Lowe, Paralegal
Name of Person

Baker & Hosteller LLP
Firm/Company

200 Civic Center Drive, Suite 1200
Address

Columbus, Ohio 43215
City/State and Zip Code

slowe@bakerlaw.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Lowe at (614) 598-3033
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee
- \$55 Filing Fee & Certified Copy

RECEIVED
DIVISION OF STATE
CORPORATIONS, FL
NOV 26 AM 9:13

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: First Coast Association Management, LLC

2. (a) <u>Principal office address of limited liability company:</u> (Note: MUST BE STREET ADDRESS) <u>11555 Central Parkway, Suite 801</u> <u>Jacksonville, FL 32224</u>	(b) <u>Mailing address of limited liability company:</u> (Note: MAY BE POST OFFICE BOX) <u>11555 Central Parkway, Suite 801</u> <u>Jacksonville, FL 32224</u>
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3. <u>10/27/2005</u> Date of filing/registration in Florida	4. <u>L05000105510</u> Document number
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5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Margaret Storey
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
11555 Central Parkway, Suite 801
Jacksonville, FL 32217

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

Cogency Global Inc.
NEW Registered Office Address:
115 North Calhoun Street, Suite 4
Tallahassee, FL 32301

OCT 26 AM 9:13
 TALLHASSEE, FL
 DIVISION OF CORPORATIONS

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Margaret Storey
 Signature of a member or authorized representative of a member

Margaret Storey
 Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Sheryl Gibbs
 Signature of Registered Agent