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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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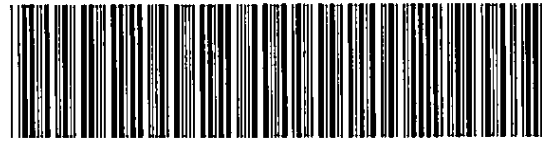
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Safety Net of Duval County
Name of Limited Liability Company

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

Shemayah Wilson or STEVE T. Wilson Jr
Name of Person

Safety Net of Duval County
Firm/Company

2025 Pullman Street
Address

Jacksonville, FL 32209
City/State and Zip Code

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

For further information concerning this matter, please call:

Steve T. Wilson Jr or Tracy Israel at (904) 881-0428 or 904-514-9136
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

**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: SAFETY NET OF DUVAL COUNTY
2. (a) 2025 Pullman Street, Jax, FL 32209 (b) 2025 Pullman Street, Jax, FL 32209
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 07-27-2020 Date of filing/registration in Florida 4. L20000220041 Document number

5. (a) Wilson, Steve T, Jr
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2025 Pullman Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville, FL 32209

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

2025 Pullman Street
NEW Registered Office Address:

Jacksonville, FL 32209

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.

Shemyah Wilson
Signature of a member or authorized representative of a member

Shemyah Wilson
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.

Shemyah Wilson
Signature of Registered Agent

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