Address City/State/Zip Phone

Office Use Only

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

1	
(Corporation Name)	(Document #) 500033375058 -09/19/0001022005 ****105.00 *****35.00
(Corporation Name)	(Document #)
(Corporation Name)	(Document #)
4. (Corporation Name)	(Document #)
☐ Walk in ☐ Pick up time _	Certified Copy
☐ Mail out ☐ Will wait	Photocopy Certificate of Status
NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER 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

		7.0502, 607.1508, or 617.1508, Florida Statutes,
-	l corporation organized under the law	ts registered office or registered agent, or both, in
the State of Flor	-	
-	the corporation is: Heskell	Development, Inc.
	•	
2. The mailing a	address of the corporation is: 111	Riverside Avenue, Jacksonville, FL 3223
3. Date of incom	rporation/qualification: 1221	89 Document number: <u>137846</u>
4. The name and	d address of the current registered age	ent and office:
	C. Edward Vandero	griff S
•	lll Riverside Ave	enue Sp
•	Jacksonville, FL	32231
5. The name and	d address of the new registered agent	and office: (P. O. Box Not Acceptable)
_	Hans G. Tanzler,	
-	111 Riverside Ave	
	Jacksonville, FL	32231
The street addreagent, as chang	ess of its registered office and the streed, will be identical.	eet address of the business office of its registered
12.	as authorized by resolution duly adoption board. of an officer, chairman or vice chairman of the t	pted by its board of directors or by an officer so Q-10-00 (Date)
Robe	(Printed or typed name and high)	
corporation, I l	iereby accept the appointment as res to comply with the provisions of all . my duties, and I am familiar with a	opt service of process for the above stated gistered agent and agree to act in this capacity. Statutes relative to the proper and complete and accept the obligation of my position as
	Signature of Registered Agent)	9 9 90 (Date)
If signing on behal))	, .
II signing on colla		
(Typed or Printed Name)	(Capacity)

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