

N00 0000000022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

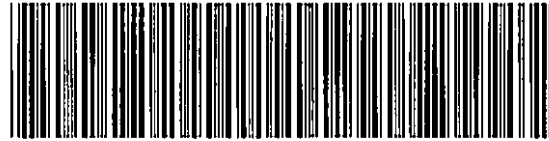
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 OCT 28 A M 10:33
FALL ARIZONA COUNTY

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OCT 28 2019

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Florida Land Trust, Inc
Name of Corporation

DOCUMENT NUMBER: N00000000022

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:

Jim McCarthy

Name of Contact Person

North Florida Land Trust, Inc

Firm/Company

843 W Monroe Street

Address

Jacksonville, FL 32202

City/State and Zip Code

jmccarthy@nflt.org

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

For further information concerning this matter, please call:

Jim McCarthy

Name of Contact Person

at (904) 479-1967

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**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: North Florida Land Trust, Inc
2. The principal office address: 843 W Monroe Street
Jacksonville, FL 32202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12/27/1999 Document number: N00000000022
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)

Jim McCarthy
2038 Gilmore Street
Jacksonville, FL 32204

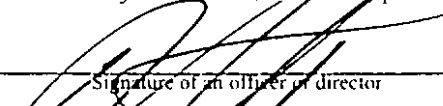
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Jim McCarthy
843 W Monroe Street
P.O. Box NOT acceptable
Jacksonville, FL 32202

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OCT 28 AM 9:33
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JACKSONVILLE, FLORIDA

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.

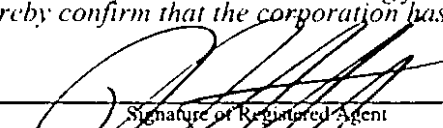


Signature of an officer or director

8 October 2019

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.



Signature of Registered Agent

8 October 2019

Date

If signing on behalf of an entity:

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