

NO1000000 3395

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

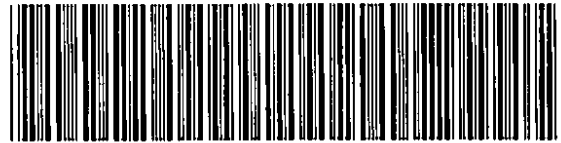
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600329842256

05/31/19--01007--019 **35.00

FILED

2019 MAY 31 PM 3:13

SECRETARY OF STATE
TALLAHASSEE, FL

JUN 07 2019
C Kinsey

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Family Support Services of North Florida, Inc.
Name of Corporation

DOCUMENT NUMBER: N01000003395

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:

Kenneth Barton

Name of Contact Person

Family Support Services of N. FL, Inc.

Firm/Company

1300 Riverplace, Ste. 700

Address

Jacksonville, FL 32207

City/State and Zip Code

corpfilings@fssnf.org

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

For further information concerning this matter, please call:

Kenneth Barton

Name of Contact Person

at (904) 265-8070

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: Family Support Services of North Florida, Inc.
2. The principal office address: 1300 Riverplace, Blvd., Ste. 700
Jacksonville, FL 32207
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 5/15/2001 Document number: N01000003395

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)

DUVALL, JOHN, Esq. (Ford & Harrison LLP)

225 WATER STREET, SUITE 710

JACKSONVILLE, FL 32202

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

KENNETH BARTON (FSSNF)

1300 RIVERPLACE BLVD., STE. 700

P.O. Box, NOT acceptable

JACKSONVILLE, FL 32207

FILED
2019 MAY 31 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FL

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.

Naomi Jackson
Signature of an officer or director

Naomi Jackson, Chief Financial Officer
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.

Keith Barton

Signature of Registered Agent

5-23-19

Date

If signing on behalf of an entity:

Typed or Printed Name

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