

NL3000002597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

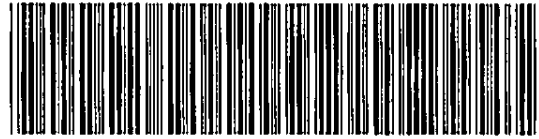
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400302497714

09/01/17--01027--011 **35.00

2017 SEP - 1 AM 10:31

SEP 07 2017

J. MONAIR

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Change in authorized representative

Name of Corporation

DOCUMENT NUMBER: N03000002597

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:

Debbie Cooper Davis

Name of Contact Person

Special Events Advisory Council

Firm/Company

1427 Tree Split Lane

Address

Neptune Beach, FL 32266

City/State and Zip Code

dcoop4@bellsouth.net

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

For further information concerning this matter, please call:

Debbie Cooper Davis

Name of Contact Person

904 962-3328

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

2017 SEP - 1 AM 10:31
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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: Special Events Advisory Council

2. The principal office address: 1427 Tree Split Lane
Neptune Beach, FL 32266

3. The mailing address (if different):

4. Date of incorporation/qualification: 6/23/2003 Document number: N03000002597

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)

Mary Ferrell - resigned

117 W. Duval Street, Suite 220

Jacksonville, FL 32202

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

Debbie Cooper Davis

1427 Tree Split Lane

P.O. Box NOT acceptable

Neptune Beach, FL 32266

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.

Mary Johnson
Signature of an officer or director

Mary Beth Johnson
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.

Mary Beth Johnson
Signature of Registered Agent

7/25/17
Date

If signing on behalf of an entity:

Special Events Advisory Council

Typed or Printed Name

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