

N0400000 8667

(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:

Spoke with James Long on
12/20/16. He approved to change
#5 to read Lisa Gladney instead of
Kingdom Management.

ST

Office Use Only



900292150449 ✓

11/28/16--01049--025 **35.00

S. TALLENT
DEC 20 2016

R/A-CH

FILED
16 DEC 15 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 30, 2016

JAMES A. LONG
J&L MANAGEMENT OF NORTH FL, INC.
10592 BALMORAL CIRCLE E. SUITE #7
JACKSONVILLE, FL 32218

SUBJECT: NORTH CAMPUS OWNERS ASSOCIATION, INC.
Ref. Number: N04000008667

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a ALIEN BUSINESS ORGANIZATION, but your entity is a NON-PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 116A00025519

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: North Campus Owners Association, INC
Name of Corporation

DOCUMENT NUMBER: NO400000 8667

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:

James Lewis
Name of Contact Person

JEL Management of North FL, INC
Firm/Company

10592 Balmoral Circle E #7
Address

Jacksonville, FL 32218
City/State and Zip Code

James@JELMGTNFL.COM

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

For further information concerning this matter, please call:

James Lewis at (904) 683-2529
Name of Contact Person 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 Campus Owners Association INC
2. The principal office address: 10592 Balmoral Circle E #7
Jacksonville, FL 32218
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 9/8/2004 Document number: NO400000 8667

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)

Gladney, Lisa
12620-3 Basel Blvd #301
Jacksonville, FL 32246

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

JEL Management of North FL, INC ✓
10592 Balmoral Circle E #7
P.O. Box NOT acceptable
Jacksonville, FL 32218

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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

Kim Aiken President
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

12/2/16
Date

If signing on behalf of an entity:

James A Lutz Manager
Typed or Printed Name

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