N0500006505

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entry Name)					
(Decument Number)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					



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COVER LETTER

TO:	Amendment Section Division of Corporation	ns					
SUBJ	ECT: CHANGE OF REC	SISTERED AGENT					
		(Name of	corporation)				
DOC	UMENT NUMBER:	N05000	006505	,			
The er	closed Statement of Cha	nge of Registered Off	ice/Agent and fee	are submitted for filing.			
Please return all correspondence concerning this matter to the following:							
BEATRICE DENISE HUNT (Name of contact person)							
		(-1	,				
NORTHEAST FLORIDA PHOENIX HOUSE, INC (Firm/Company)							
		143 WEST 19TH (Ac	STREET, SUITE	#4			
JACKSONVILLE, FLORIDA 32206							
		(City/state	and zip code)				
For fu	ther information concern	ing this matter, please	call:				
	BEATRICE DENISE	HUNT	-4 (90 4	× 537-5590			
	(Name of contac		(Area co) 537-5590 de & daytime telephone number)			
Enclos	ed is a \$35.00 check mad	le payable to the Depa					
	Amend Divisio P.O. Bo	g Address: ment Section n of Corporations ox 6327 ssee, FL 32314	Divis 409 E	t Address: Indiment Section ion of Corporations G. Gaines Street hassee, FL 32399			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

-	provisions of sections 607.0302, 617.0302	•	*		
	nge is submitted for a corporation organt r to change its registered office or register				
<u></u>			iaa.		
	he corporation: NORTHEAST FLORIDA				
2. The principal	office address: 143 WEST 19TH STRE	ET, SUITE #4	····		
**************************************	JACKSONVILLE, FLORIDA 32206	·			
3. The mailing a	ddress (if different): 143 WEST 19TH S	TREET, SUITE #4			
	JACKSONVILLE, FI				
4. Date of incorp	oration/qualification: 06/23/2005	Document number: N05000006	505		
	street address of the current registered agreement of State:	ent and registered office on file with the	ne 		
	KENNETH T. HUDSON		ACL S		
	6999-02 MERRILL RD, SUITE 158		DS AUG 16		
	JACKSONVILLE, FLORIDA 32277		TT		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):					
	BEATRICE DENISE HUNT		≯		
	6228 COOLIDGE STREET				
	(P.O. Box NOT acceptable)				
	JACKSONVILLE, FLORIDA 32219				
The street addre	ss of its registered office and the street a be identical.	ddress of the business office of its re	gistered agent,		
Such change wa authorized by th	s authorized by resolution duly adopted e board, or the corporation has been noti	by its board of directors or by an offi fied in writing of the change.	icer so		
Marie	e de an officer of director)	BEATRICE DENISE HUNT, PRESI	DENT/CEO/DIF		
of my dyties, and document is beir	the appointment as registered agent and of comply with the provisions of all statuted I am familiar with and accept the oblight filed merely to reflect a charge in the been notified in writing of this change.	agree to act in this capacity. tes relative to the proper and comple cation of my position as registered ag registered office address, I hereby co	te performance zent. Or, if this onfirm that the		
Slate	Te Nemen Atm I	AUGUST 9, 2005			
(Sign	nature of Registered Agent)	(Date)			
If signing on bel	nalf of an entity:				
	TRICE DENISE HUNT)			
(1)	/ped or Printed Name)				

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