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(Requestor's Name)

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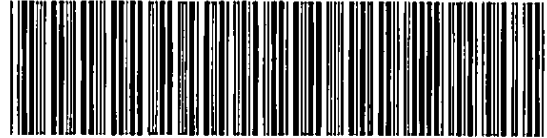
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Duval County Republican Executive Comm. Hec  
Name of Corporation  
Duval County Republican Party Inc.

DOCUMENT NUMBER: N 05000011121

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:

Margaret Hartman  
Name of Contact Person

Duval County Republican Executive Comm. Hec  
Firm/Company

3520 St. Johns Bluff Rd S. Suite #3  
Address

Jacksonville FL 32224  
City/State and Zip Code

Treasurer @ Duval - GOP  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dean Black at ( 904 ) 813-3016  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 26, 2019

MARGARET HARTMAN  
7235 BONNEVAL RD  
STE. 315  
JACKSONVILLE, FL 32256

SUBJECT: DUVAL COUNTY REPUBLICAN EXECUTIVE COMMITTEE DUVAL  
COUNTY REPUBLICAN PARTY INC.  
Ref. Number: N05000011121

We have received your document for DUVAL COUNTY REPUBLICAN EXECUTIVE COMMITTEE DUVAL COUNTY REPUBLICAN PARTY INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

The document must also contain the address of the registered agent which must be at a Florida street address.

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.

Irene Albritton  
Regulatory Specialist II

Letter Number: 519A00022127

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**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.

- Duval County Republican Executive Committee
1. The name of the corporation: Duval County Republican Party Inc.
2. The principal office address: 3520 St. Johns Bluff Rd S. Suite 3  
Jacksonville FL 32224
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10/19/2005 Document number: N0500001121
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)

Laura K Starnacek  
7235 Bonnaval Rd Suite 315  
Jacksonville FL 32256

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

Margaret Hartman  
3520 St. Johns Bluff Rd S. Suite 3  
Jacksonville FL 32224

P.O. Box NOT acceptable

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.

 Dean Black, Chairman  
Signature of an officer or director 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

11/18/19  
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