

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000115238 3)))



H190001152383ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Cynthia.Montgomery@Gray-Robinson.com

9 APR -9 AH 11:52

REGISTERED AGENT CHANGE PRESBYTERY OF ST. AUGUSTINE, INC.

· · · · · · · · · · · · · · · · · · ·	
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

APR 1 0 2019

I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: Presbytery of St. Augustine			
Name of C	orporation		
DOCUMENT NUMBER:N05922			
The enclosed Statement of Change of Registered Office	e/Agent and fee are submitted for filing.		
Please return all correspondence concerning this matter	er to the following:		
Cynthia M. Montgomer	у		
Name of Co	ntact Person		
GrayRobinson, P.A.			
Firm/Co	ompany		
50 N. Laura Street, Suite 1100			
Add	ress		
Jacksonville, Florida 32202			
City/State and Zip Code			
Cynthia.Montgomery@Gray-Robinson.com			
E-mail address: (to be used for f	uture annual report notification)		
For further information concerning this matter, please	call:		
Cynthia M. Montgomery	at (904) 632-8485		
Name of Contact Person	at (904 ) 632-8485 Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the Depar	iment of State.		
Malling Address: Amendment Section	Street Address: Amendment Section		
Amendment Section Division of Corporations	Division of Corporations		
P.O. Box 6327	Clifton Building		
Tallahassee, FL 32314	2661 Executive Center Circle		
	Tallahassee, FL 32301		

CR2E045 (03/12)

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

-	provisions of sections 607.0502, 617.0502, 60 nge is submitted for a corporation organized		
in order	r to change its registered office or registered	agent, or both, in the State of Florida.	
1. The name of the	he corporation: Presbytery of St. Au	ugustine, Inc.	
2. The principal	1937 University Ro	ulevard West	
	Jacksonville, Florid	da 32217	
3. The mailing ac	ddress (if different):		
4. Date of incorp	poration/qualification: 10-30-1984	Document number: N05922	<del></del>
	street address of the current registered agent tment of State: (If resigned, enter resigned)	t and registered office on file with the	
	Wayne E. Flowers		
	245 Riverside Avenue, Suite 1150	0	
	Jacksonville, Florida 32202	20	
6. The name and (if changed):	street address of the new registered agent (if	f changed) and /or registered office	1
	Cynthia M. Montgomery	. 5	-,
	50 N. Laura Street, Suite 1100		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	P.O. Box NOT sceep Jacksonville, Florida 32202	9. Palable	-
	Jacksonville, Florida 32202		
The street address changed will	ss of its registered office and the street addr be identical.	ress of the business office of its registered agent,	
Such change was	s authorized by resolution duly adopted by i e board, or the corporation has been notified		,
Signature 2	e of an officer of director	othia M. Montesmy, Vice Pr	esidert
I further agree to performance of t	the appointment as registered agent and age o comply with the provisions of all statutes i my duties, and I am familiar with and accep s document is being filed merely to reflect a that the corporation has been notified in wr	relative to the proper and complete of the obligation of my position as registered	
Sign	nature of Registered Agent	4/8/19	
If signing on bel	half of an entity:		
Ту	ped or Printed Name		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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