

Apr. 9. 2019 10:09AM

4/8/2019

No. 0032

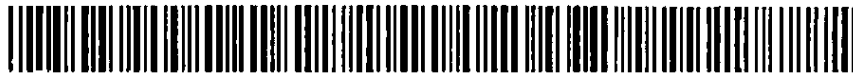
Division of Corporations

**N05922**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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.

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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

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\*\*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

RECEIVED

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SECRET  
TALLAHASSEE, FL

REGISTERED AGENT CHANGE  
PRESBYTERY OF ST. AUGUSTINE, INC.

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

*RA/RO/chg*

APR 10 2019

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Presbytery of St. Augustine, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N05922

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:

Cynthia M. Montgomery  
Name of Contact Person

GrayRobinson, P.A.  
Firm/Company

50 N. Laura Street, Suite 1100  
Address

Jacksonville, Florida 32202  
City/State and Zip Code

Cynthia.Montgomery@Gray-Robinson.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cynthia M. Montgomery at ( 904 ) 632-8485  
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: Presbytery of St. Augustine, Inc.
- 2. The principal office address: 1937 University Boulevard West  
Jacksonville, Florida 32217
- 3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 10-30-1984 Document number: N05922

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)

Wayne E. Flowers  
245 Riverside Avenue, Suite 1150  
Jacksonville, Florida 32202

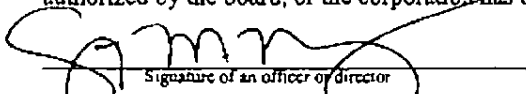
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Cynthia M. Montgomery  
50 N. Laura Street, Suite 1100  
P.O. Box NOT acceptable  
Jacksonville, Florida 32202

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7-11-19

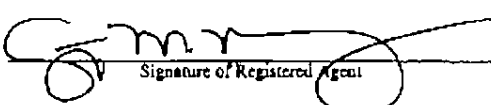
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Cynthia M. Montgomery, Vice 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

4/8/19  
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

CR2E045 (03/12)