## 140600001917

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## **COVER LETTER**

Amendment Section Division of Corporations

TO:

SUBJECT: Nor	th Florida Economic [ Nam	Development Partne e of Corporation	ership, Ing	
DOCUMENT NU	MBER:	N06000001917		
The enclosed States	ment of Change of Registered	Office/Agent and fee are si	ubmitted for filing.	
Please return all co	rrespondence concerning this	matter to the following:		
-	Br Name	enda Green of Contact Person		
	Name	or contact reison		
North Florida Economic Development Partnership, Inc. Firm/Company				
	325 John Kn	ox Road, Building 300		
		Address		
	Tallaha	assee, FL 32303		
	•	•		
bgreen@iog.fsu.edu  E-mail address: (to be used for future annual report notification)				
	L-man address. (to be used	i ioi iuture aiiituai report	nonneation)	
For further informa	tion concerning this matter, p	lease call:		
•	Brenda Green	at ( 850 )	487-1870 Daytime Telephone Number	
Nan	ne of Contact Person	Area Code & 1	Daytime Telephone Number	
Enclosed is a \$35.0	0 check made payable to the	Department of State.		
	Mailing Address: Amendment Section Division of Corporation		Iress: ent Section of Corporations	

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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

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	
1. The name of the corporation: North Florida Economic Development	Partnership, inc.
2. The principal office address: 162 South Marion Avenue	
Lake City, FL 32025	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 02/22/2006 Document number:	N06000001917
5. The name and street address of the current registered agent and registered office on file will Florida Department of State: (If resigned, enter resigned)	ith the
Jim Poole	
162 South Marion Avenue	<u> </u>
Lake City, FL 32025	2009 H SECI
6. The name and street address of the new registered agent (if changed) and /or registered o (if changed):	The state of the s
Jeff Hendry	
325 John Knox Road, Building 300	PM 12: 40 OF STATE E. FLORID
P.O. Box NOT acceptable	<b>D</b> , —
Tallahassee, FL 32303	
The street address of its registered office and the street address of the business office of as changed will be identical.	its registered agent,
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	in officer so
Rick Breer, Chairma Signature of an officer or director Printed or typed name and	an NFEDP
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 comply duties, and I am familiar with and accept the obligation of my position as register document is being filed merely to reflect a change in the registered office address, I her corporation has been notified in writing of this change.	omplete performance red agent. Or, if this reby confirm that the
Marketire of Registered Agent 11/20/09 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