

N07000004633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

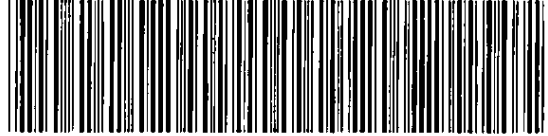
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## **COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Journey Church of Clay County  
Name of Corporation

**DOCUMENT NUMBER:** N07000004633

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:

Adam Hardegree

Name of Contact Person

Journey Church of Clay County

Firm/Company

6225 Lake Gray Blvd Ste 2

Address

Jacksonville, FL 32244

City/State and Zip Code

adam@journeychurch.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Hardegree

at (843)

330-8559

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

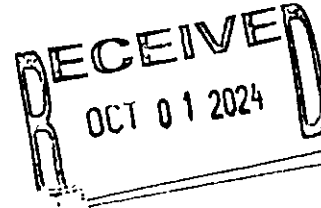


FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2024

ADAM HARDEGREE  
6225 LAKE GRAY BLVD STE 2  
JACKSONVILLE, FL 32244

SUBJECT: JOURNEY CHURCH OF CLAY COUNTY, INC.  
Ref. Number: N07000004633



We have received your document for JOURNEY CHURCH OF CLAY COUNTY, 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 registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 824A00020153

**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: Journey Church of Clay County, Inc
2. The principal office address: 6225 Lake Gray Blvd. Ste 2, Jacksonville, FL 32244
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5/8/2007 Document number: N07000004633
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)

Eric Jaffe

6225 Lake Gray Blvd. Ste 2

Jacksonville, FL 32244

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

Adam Hardegree

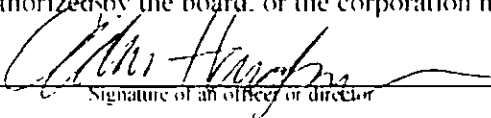
6225 Lake Gray Blvd. Ste 2

P.O. Box NOT acceptable

Jacksonville, FL 32244

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

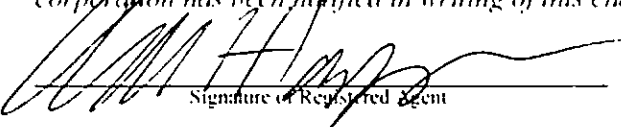
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Adam Hardegree

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

8/27/2024

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 (04/13)