

N08000010858

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850) 617-6380

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**REGISTERED AGENT CHANGE
CGC CHARITIES, INC.**

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CGC Charities, Inc.

Name of Corporation

DOCUMENT NUMBER: N08000010858

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:

Sharon Brown, VP

Name of Contact Person

CGC Charities, Inc.

Firm/Company

333 East Ashley Street

Address

Jacksonville, FL 32202

City/State and Zip Code

sbrown@cgcjax.com

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

For further information concerning this matter, please call:

Sharon Brown, VP

at (904) 798-5312

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

CR2ED45 (03/12)

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: CGC Charities, Inc.
2. The principal office address: 333 East Ashley Street, Jacksonville, FL 32202
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 12-1-2008 Document number: N08000010858
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 J. Holshouser
50 North Laura Street, Suite 2800
Jacksonville, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box NOT acceptable
Plantation, Florida 33324

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.

Sharon Brown, VP/NHA
 Signature of an officer or director

Sharon Brown, Vice President / Administrator
 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.

C T Corporation System
 By: Conie Bays
 Signature of Registered Agent

2/2/2015
 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)