

(Re	equestor's Name)	
(Ad	dress)	
(Åd	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
· (Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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R. WHITE

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 Floride
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Rotary Club of North Jacksonville
2. The principal office address:
3. The mailing address (if different): P.O. Box 16445
Jacksonville, FL 32245
4. Date of incorporation/qualification: 10/05/2009 Document number: NO900000 9720
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 R. Congdo TH36 Lem Turner Road Jackson Ple FL 32245
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): DEL C. BROOKS, JR.
12789 MUSRFIELD BLYD, No. P.O. Box NOT acceptable
JACKSONVILLE, FL 32225
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.
Randure of an office for director KAN Frinted or typed name and little
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 May 19, 2017 Date
If signing on behalf of an entity:
Typed or Printed Name

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

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Rotary Club of North Jacksonville Name of Corporation DOCUMENT NUMBER: NO90000 97 20		
DOCUMENT NUMBER: NO90000 9720		
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:		
DEL C, BAOOKS, JR Name of Contact Person		
Firm/Company		
12-789 MUIRFIELD BLAD, NI Address		
JACKSONVILLE FL 32225 City/State and Zip Code		
DECKAREN 64 @ COMCAST. WET E-mail address: (to be used for future annual report notification)		
;		
For further information concerning this matter, please call:		
DBL BROOKS at (904) 564-9318 Name of Contact Person Area Code & Daytime Telephone Number		
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 Street Address: Amendment Section Division of Corporations		
P.O. Box 6327 Clifton Building		

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301