

NI 6000000 2132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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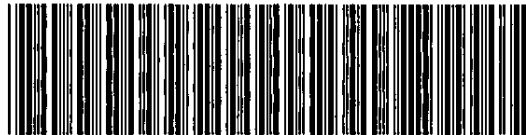
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
ATTN: ADDRESSING UNIT

12/14/15

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Trinity Christian Academy of Jacksonville, Inc.  
Name of Corporation

DOCUMENT NUMBER: NI0000002132

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:

Robert L. Jones III

Name of Contact Person

Jimerson + Cobb, P. A.

Firm/Company

One Independent Drive, Suite 1400

Address

Jacksonville FL 32202

City/State and Zip Code

r.jones@jimersoncobb.com

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

For further information concerning this matter, please call:

Robert L. Jones III

Name of Contact Person

at ( 904 ) 389-0050

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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Trinity Christian Academy of Jacksonville, Inc.
2. The principal office address: 800 Hammond Blvd.  
Jacksonville, FL 32221
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 03/01/2010 current number: N10000002132

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)

Jones, Robert L. III  
5150 Belfort Rd. S. Bldg 500  
Jacksonville, FL 32256

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TALLAHASSEE, FL 32314

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

Jones, Robert L. III  
One Independent drive, Suite 1400  
P.O. Box NOT acceptable  
Jacksonville, FL 32202

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.

Thomas C. Messer  
Signature of an officer or director

Thomas C. Messer, 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.

Robert L. Jones III  
Signature of Registered Agent

10-7-15  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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