

N1000000 4438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

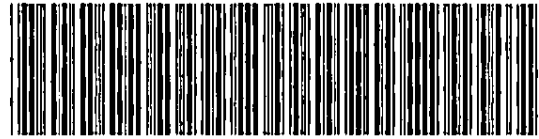
(Business Entity Name)

(Document Number)

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JANET L. SMITH

DEC 28 2018
C. M. M. M. M.

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: First Coast EMS Advisory Council
Name of Corporation

DOCUMENT NUMBER: N10000004438

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:

Kevin J Kotsis

Name of Contact Person

First Coast EMS Advisory Council

Firm/Company

3017 Fort Caroline Court

Address

Saint Augustine, Florida 32092

City/State and Zip Code

info@FCEMSAC.com

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

For further information concerning this matter, please call:

Kevin J Kotsis

Name of Contact Person

at (904)

7035246

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

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DIVISION OF CORPORATIONS
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**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: First Coast EMS Advisory Council
2. The principal office address: 3017 Fort Caroline Court Saint Augustine, Florida 32092
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 5/4/2010 Document number: N10000004438
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 M Cain

1626 Atlantic University Circle

Jacksonville, Florida 32207

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

Kevin J Kotsis


3017 Fort Caroline Court

P O Box NOT acceptable

Saint Augustine, Florida 32092

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

Greg Miller, Chairman

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

12-18-2019
Date

If signing on behalf of an entity:

Kevin J Kotsis

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
CR2F045 (04/13)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA