

N11 000005148

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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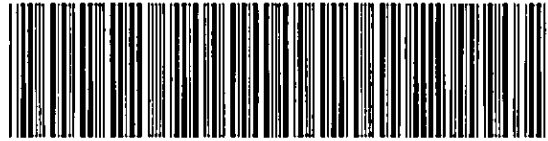
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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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: St. Lucie County Association of Criminal Defense
2. The principal office address: 211 S. Second Street Fort Pierce, FL 34950 Lawyer
Inc.

3. The mailing address (if different): _____

4. Date of incorporation/qualification: _____ Document number: N11000005148

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)

Resigned - Beth Allen, Esq.

1860 S.W. Fountainview Blvd Suite 100
Port St. Lucie FL 34986

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

Jennifer Nelson, Esq.

211 S Second Street

P.O. Box NOT acceptable

Fort Pierce FL 34950

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]

Signature of an officer or director

JaQuilla Renee Wilkins

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.

Jennifer Nelson

Signature of Registered Agent

8/31/2021

Date

If signing on behalf of an entity:

Jennifer Nelson - St Lucie County Association
Treasurer of Criminal defense Lawyers, Inc

*** 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)