N13000002199

equestor's Name)	<u> </u>
ldress)	
Idress)	
ty/State/Zip/Phone	e #)
☐ WAIT	MAIL
usiness Entity Nan	ne)
ocument Number)	
_ Certificates	of Status
Filing Officer:	
	Idress) Idress) Ity/State/Zip/Phone WAIT Isiness Entity Nan Document Number) Certificates





100280086871

01/25/16--01041--017 **35.00



12700

COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: JACKSONVILLE JAZZ SOCIETY Name of Corporation
DOCUMENT NUMBER: N13000002199
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:
Name of Contact Person Jackson VII/E Jazz Society Inc Firm/Company Q. O. Box 41305 Address Jackson VII/E FLouida 32203-1305 City/State and Zip Code Jackson VII/E Jazz Society C gmail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tohn Standium at (904) 613-1665 Name of Contact Person at (904) 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

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 Flower
in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Trcksonville JAZZ SociETY INC
2. The principal office address: 4600 Touchton Road Building 100,
Suite 150, JACKSONVILLE FLORIDA 32246
3. The mailing address (if different): TIS P.O. Box 41305
JACKSONVILLE, Florida 32203-1305
4. Date of incorporation/qualification: 03/06/2013 Document number: N13000002199
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)
Dunednik LAW OFFICES P. A.
(WAS) 6817 South Point PKNU.
Suite 604, Jacksonville, FL. 32216-6290
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
OUNEDNIK LAW OFFICES P.A.
4600 Touchton Road Building 100,
Suite 150, JACKSONVIlle F1. 32246 = 7
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.
Interstitute John StundiNANT TREASURER
Signature of an officer or director Printed or typed name and file Thereby 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 Date
If signing on behalf of an entity:
Typed or Printed Name

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