

N14608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

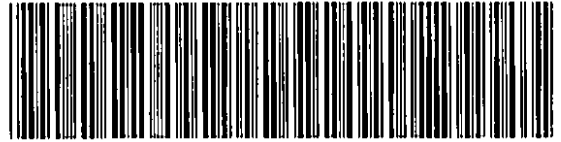
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 06 2018

S. YOUNG

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.
Name of Corporation

DOCUMENT NUMBER: N14608

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:

Robin Albaneze

Name of Contact Person

JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.

Firm/Company

303 N. Laura Street Suite 334

Address

Jacksonville, FL 32202

City/State and Zip Code

boardchair@jplf.org

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

For further information concerning this matter, please call:

Robin Albaneze

Name of Contact Person

904 616-2877

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: JACKSONVILLE PUBLIC LIBRARIES FOUNDATION, INC.
2. The principal office address: 303 NORTH LAURA ST SUITE 334, JACKSONVILLE, FL 32202
3. The mailing address (if different): P.O. BOX 40103, JACKSONVILLE, FL 32203-0103

4. Date of incorporation/qualification: 4/11/2012 Document number: N14608
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)

MICHAEL J SELF/resigned

1401 CHALLEN AVENUE

JACKSONVILLE, FL 32205

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

ROBIN ALBANEZE

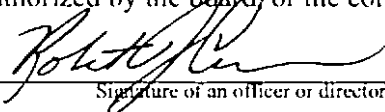
303 N LAURA STREET SUITE 334

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.


Signature of an officer or director

ROBERT J. CHASSMAN

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

10/23/2018

Date

If signing on behalf of an entity:

ROBIN ALBANEZE
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