N14608

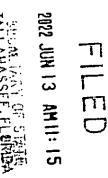
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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Jacksonville Public Libraries Foundation, Name of Corporation	Inc.
DOCUMENT NUMBER: N14608	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
R. Scott Evans	
Name of Contact Person	
Jacksonville Public Libraries Foundation. Inc.	
Firm/Company	
303 N. Laura Street, Room 331	
Address	
Jacksonville, Florida 32202	
City/State and Zip Code	
scottevans@jplfoundation.org	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, ple	ease call:
R. Scott Evans	at (904-255-609.)
Name of Contact Person	at (904-255-609.) Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statuto on organized under the laws of the State of <mark>Florida</mark> or registered agent, or both, in the State of Florida	1
	the corporation: Jacksonville Publi	·	
2. The principal Jacksonville. Flo	office address: 303 N. Laura Stree	t. Room 331	
3. The mailing a	nddress (if different):		
		Document number: N14608	
	d street address of the current regi- tment of State: (If resigned, enter	stered agent and registered office on file with the resigned)	
	Kathy McIlvaine		
	303 N. Laura Street, Room 331		
	Jacksonville, Florida 32202		2
6. The name and (if changed):		red agent (if changed) and /or registered office it	1 NOF 2202
	R. Scott Evans		<u>.</u>
	NO CHANGE TO ADDRESS OR	OFFICE, JUST THE PERSON/AGENT	# C
		P.O. Box NOT acceptable	5
The street addre as changed will	ess of its registered office and the be identical.	e street address of the business office of its regis	tered agent,
Such change wa authorized by th	is authorized by resolution duly a se board, or the corporation has b	adopted by its board of directors or by an office been notified in writing of the change.	r so
Signatur	e of an officer of director	Kathy McIlvaine, Chair, Board of Director	rs
i jurtner agree t of my duties, and document is bei	O COMDLE With the provisions of a	gent and agree to act in this capacity all statutes relative to the proper and complete p the obligation of my position as registered agen ge in the registered office address. I hereby conf change.	verformance t. Or, if this irm that the
The Sutt	Evens	May 18. 2022	
Sign	nature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Ту	ped or Printed Name	-	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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