

N16 00001079C

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300332494233

08/02/13--01021--006 **35.00

2013 AUG -2 P 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 09 2013
T. LEMIEUX

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: JOSHUA KERNOHAN MEMORIAL FUND INC.
Name of Corporation

DOCUMENT NUMBER: N16000010790

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:

BRIAN KERNOHAN
Name of Contact Person

JOSHUA KERNOHAN MEMORIAL FUND INC.
Firm/Company

509 GUIRANDE AVILA SUITE 100
Address

TAMPA, FL 33613
City/State and Zip Code

JOSHUA KERNOHAN MEMORIAL FUND @ OUTLOOK.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BRIAN KERNOHAN at (813) 545-4752
Name of Contact Person 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 FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: JOSHUA KERNOHAN MEMORIAL FUND INC.
2. The principal office address: 509 GUIRANDO de AVILA, SUITE 100
TAMPA, FL 33613
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/07/2016 Document number: N16000010790
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)

LEGAL ZOOM
9900 SPECTRUM DR.
AUSTIN, TX 78717

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

Kieran Mahoney
16603 Millan de Avila
Tampa FL 33613

P.O. Box NOT acceptable

FILED
2019 AUG -2 P 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BRIAN KERNOHAN
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]
Signature of Registered Agent

7/23/19
Date

If signing on behalf of an entity:

Kieran Mahoney
Typed or Printed Name

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