

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000106356 3)))



H240001063563ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6380

From:
Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : I20160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE

**YOUNG CATHOLIC PROFESSIONALS - JACKSONVILLE
CORPORAT**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2024 MAR 20 AM 11:04

STATE OF FLORIDA
TALLAHASSEE, FL

RECEIVED

2024 MAR 20 PM 2:58

((H24000106356 3)))

**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: YOUNG CATHOLIC PROFESSIONALS-JACKSONVILLE CORPORATION

2. The principal office address: 717 Piney Place, St. Johns, FL 32259

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/13/2017 Document number: N17000002751

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)

Bautista, Gerald P

796 PORTO CRISTO AVE

ST AUGUSTINE, FL 32092

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

Capitol Corporate Services, Inc.

515 East Park Avenue 2nd Fl

P.O. Box NOT acceptable

Tallahassee, FL 32301

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.

Chrissy Wasel

Signature of the Officer or Director

Chrissy Wasel, Executive Assistant

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.*

Brian Radecki

Signature of Registered Agent

03/20/2024

Date

If signing on behalf of an entity:

Brian Radecki, Assistant Secretary on behalf of Capitol Corporate Services, Inc.

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**

CR2E045 (04/13)

((H24000106356 3)))

SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAR 20 AM 11:04

FILED