

N20049

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

C. LEWIS  
JUN 30 2014  
EXAMINER

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Scenic Jacksonville, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N20049

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:

William D. Brinton

Name of Contact Person

Rogers Towers, P.A.

Firm/Company

1301 Riverplace Blvd., Suite 1500

Address

Jacksonville, Florida 32207

City/State and Zip Code

wbrinton@rtlaw.com

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

For further information concerning this matter, please call:

William D. Brinton

Name of Contact Person

at 904 346-5537

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: Scenic Jacksonville, Inc.
2. The principal office address: c/o Joan D. Cousar, 3700 Richmond Street,  
Jacksonville, Florida 32205-9426
3. The mailing address (if different): Scenic Jacksonville, Inc.,  
P.O. Box 380046, Jacksonville, Florida 32205-0546
4. Date of incorporation/qualification: 04/08/1987 Document number: N20049
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)  
Aho, Marianne L  
1200 Riverplace Blvd., Suite 800  
Jacksonville, Florida 32207-1805
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
Dewberry, Michael J.  
1301 Riverplace Blvd., Suite 1500  
P.O. Box NOT acceptable  
Jacksonville, Florida 32207

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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

Dr. As W. Garrett  
Printed or typed name and title  
1st V.P. / Director

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

6/13/14  
Date

If signing on behalf of an entity:  
  
\_\_\_\_\_  
Typed or Printed Name

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