

# N20049

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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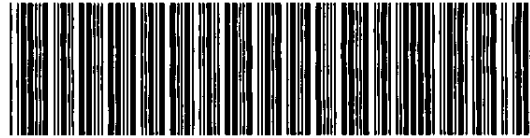
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EXAMINER

**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

