

N 20049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

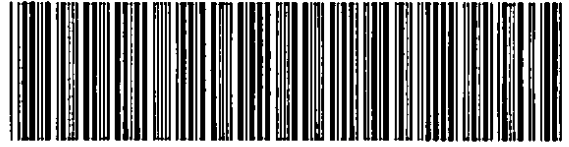
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RO address change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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A. RAMSEY

DEC 06 2021

# 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:

ALICIA B GRANT

Name of Contact Person

SCENIC JACKSONVILLE, INC

Firm/Company

3575 RIVERSIDE AVE

Address

JACKSONVILLE, FL 32205

City/State and Zip Code

ALIGRANT@BELLSOUTH.NET

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

For further information concerning this matter, please call:

ALICIA B GRANT

Name of Contact Person

at ( 904 ) 318-1617

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: 3575 RIVERSIDE AVE, JACKSONVILLE, FL 32205

3. The mailing address (if different): PO BOX 380046

4. Date of incorporation/qualification: 4/8/1987 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)

ALICIA B GRANT  
9976 RIDGEFIELD DR  
JACKSONVILLE, FL 32257

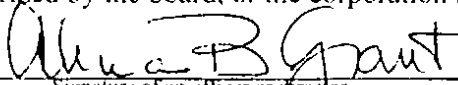
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STATE DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

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

3575 RIVERSIDE AVE  
P.O. Box NOT acceptable  
JACKSONVILLE, FL 32205

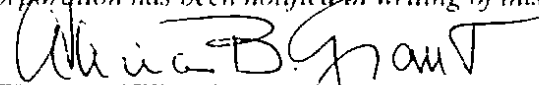
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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 of an officer or director

ALICIA B GRANT  
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 of Registered Agent

11/9/21  
Date

If signing on behalf of an entity:

ALICIA B GRANT  
Typed or Printed Name

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