Division of Corporations Electronic Filing Cover Sheet

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(((H23000059238 3)))



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Division of Corporations

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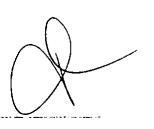
Account Name : FOLEY & LARDNER Account Number: 119980000047 Phone: (407)423-7656 Fax Number : (407)648-1743

\*\*Enter the email address for this business entity to be used for future

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## REGISTERED AGENT CHANGE SCENIC JACKSONVILLE, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00



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## COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: SCENIC JACKSONVILLE, INC. Name of Corporation Please return all correspondence concerning this matter to the following: Michael B. Kirwan

DOCUMENT NUMBER: N20049

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing

Name of Contact Person Foley & Lardner LLP Firm/Company One Independent Drive, Suite 1300 Address Jacksonville, FL 32202-5017 City/State and Zip Code

nancy@scenicjax.org

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

For further information concerning this matter, please call:

Kathleen Sedlock

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

CR2E045 (04/13)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS H23000059238 3

statement of cha	hange is submitted for a corporation organized under the laws of the State of Florida.	
	der to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of	f the corporation: SCENIC JACKSONVILLE, INC.	
2. The principal	al office address: One Independent Drive Suite 1300, Jacksonville, Florida 32202	<u></u>
3 The mailing a	gaddress (if different): P.O. Box 380046, Jacksonville, Florida 32205	
4. Date of incorp	prporation/qualification: 04/08/1987 Document number: N20049	
	nd street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	Alicia B. Grant	
	3575 RIVERSIDE AVE	2023
	JACKSONVILLE, FL 32205	1 3 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office -	
	Micahel B. Kirwan	AM 8: 30
	One Independent Drive, Suite 1300	0
	P.O. Box NOT acceptable  Jacksonville, FL 32202-5017	
The street addre	ress of its registered office and the street address of the business office of its registell be identical.	ered agent,
Such change wa authorized by th	vas authorized by resolution duly adopted by its board of directors or by an officer the board, or the corporation has been notified in writing of the change.	SO
ll le cin	Alicia B. Gram	
Signatur	hire of an officer or director Printed or typed name and title	
l fjorther agree t ôf my duties, and document is bei	of the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete pend I am familiar with and accept the obligation of my position as registered agent, into filed merely to reflect a change in the registered office address. I hereby confines been polified in writing of this change.	erformance Or, if this on that the
Marken	1. Sam 2-14-23	
	gnature of Registered Agent Date	
If signing on bel	ehalf of an entity:	
Michael B. Kirwa	van	
Ty	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)