

N23000013998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

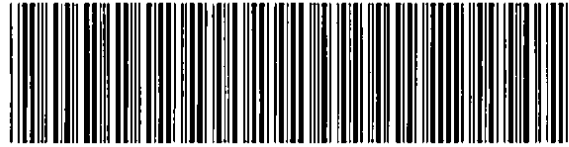
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION 20

10NS

R. HUNT

12/01/23

CERTIFICATE

Amendment Section
Division of Corporations

Secretary of State, The Center of Florida Studies Association, Inc.
Non-Profit Corporation

AMENDMENT NUMBER: 202300003965

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

All correspondence concerning this matter to the following:

DeVries
Contact Person
DeVries
Company
600 West Bay Boulevard Suite 103

Tallahassee, FL 32303
State and Zip Code

Accounting @ deviantanalytics.com
E-mail address (to be used for future annual report notification)

For additional information concerning this matter, please call:

DeVries at (904) 367-1818
Name of Contact Person Area Code & Daytime Telephone Number

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

RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS

I, pursuant to the provisions of sections 607.0202, 607.0502, 607.1208, or 607.1508, 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: WCV Professional Center Office Condominiums Association, Inc.
2. The principal office address: 6096 Lake Gray Boulevard Suite 103, Jacksonville, FL 32244

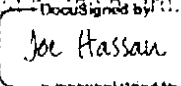
3. Mailing address (if different): _____

4. Date of incorporation/qualification: 11/21/2023 Document number: S23000013998

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.)
2750 Holeyon Lane, Suite 602
Jacksonville FL 32223

6. The name and street address of the new registered agent (if changed) and/or registered office
(if changed):
Dawn Kearney Inc.
6096 Lake Gray Boulevard Suite 103
Jacksonville FL 32244
P.O. Box NOT acceptable

7. The street address of its registered office and the street address of the business office of its registered agent,
if different from the address above.

8. This 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.
 Joe Hassan Secretary/Treasurer
Printed (or typed) name and title

I, Joe Hassan, accept the appointment as registered agent and agree to act in this capacity
and 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.

Joe Hassan November 29, 2023
Text or printed name Signature

9. Signature on behalf of an entity:
Joe Hassan
Text or printed name

10. FILING FEE: \$35.00 * * *
MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6227, TALLAHASSEE, FL 32314
607.0202(1)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS