

N38475

Requester's Name

LAW OFFICE OF
JOHN MICHAEL TRAYNOR, ESQUIRE
28 Cordova Street
St. Augustine, Florida 32084

City/State/Zip

Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 DEC 21 AM 10:31

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

100003510551--8
-12/21/00--01062--001
*****35.00 *****35.00

4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☐ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

RA Chg.
V. SHEPARD JAN 5 2001

Examiner's Initials

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, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation : Northeast Florida Educational Consortium for the Deaf and Hard of Hearing, Inc.
2. The mailing address of the corporation : 207 North San Marco Avenue
St. Augustine, Florida 32084
3. Date of incorporation/qualification: 6/4/1990 Document number: N38475
4. The name and address of the current registered agent and office:

John Michael Traynor
28 Cordova Street
St. Augustine, Florida 32084

5. The name and address of the new registered agent (if changed) and/or registered office (if changed):
(P. O. Box Not Acceptable)

Shannon Simon
~~162 Nautilus Road~~ 25 Ferrol Road
St. Augustine, Florida 32084

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.

Shannon C. Simon
(Signature of an officer, chairman or vice chairman of the board)

12/14/00
(Date)

Shannon Simon Secretary
(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

Shannon C. Simon
(Signature of Registered Agent)

12/14/00
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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

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