

19400000352

(Requestor's Name)

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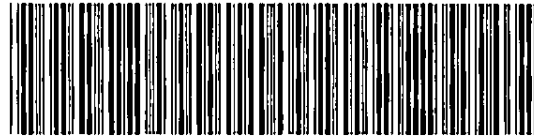
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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7:15 PM

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS OF JACKSONVILLE, INC  
Name of Corporation

**DOCUMENT NUMBER:** N94000000352

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:

**Jonathan Lee Stem**

Name of Contact Person

PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS OF JACKSONVILLE, INC

Firm/Company

**PO Box 2971**

Address

**Jacksonville, FL 32203-2971**

City/State and Zip Code

**info@pflagjax.org**

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

For further information concerning this matter, please call:

**David Andress**

Name of Contact Person

**904 482-7740**

at ( ) 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

**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: PARENTS, FAMILIES AND FRIENDS OF LESBIANS AND GAYS OF JACKSONVILLE, INC
2. The principal office address: 2738 Sack Drive E, Jacksonville, FL 32216
3. The mailing address (if different): PO BOx 2917, Jacksonville, FL 32203
4. Date of incorporation/qualification: Jan 14, 1994 Document number: N94000000352
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)

Kristin Smith

10657 COLEMAN ROAD

JACKSONVILLE, FL 32257

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

Jonathan Stern

2738 Sack Drive East

P.O. Box, NOT acceptable

Jacksonville, FL 32216

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

Ellen Schmitt, President

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.*

Jonathan L. Stern  
Signature of Registered Agent

06-07-13  
Date

If signing on behalf of an entity:

Jonathan Stern  
Typed or Printed Name

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