P00 000063928

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SECRETARY OF STATE

50 09/18/20

COVER LETTER

TO: Amendment Section Division of Corporations	•			
SUBJECT: Fountain Financial, Inc. Name of Corporation				
·				
DOCUMENT NUMBER: P00000063928				
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.			
Please return all correspondence concerning the	is matter to the following:			
Richene Oliver				
Name of Contact Person				
Adams and Reese LLP				
Firm/Company				
501 Riverside Avenue, Suite 601				
Address				
Jacksonville, FL 32202				
City/State and Zip Code				
richene.oliver@arlaw.com				
E-mail address: (to be used for future annu-	al report notification)			
For further information concerning this matter,	, please call:			
Richene Oliver	at (904)355-1700			
Name of Contact Person	at (904)355-1700 Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to th	e Department of State.			
Mailing Address: Amendment Section	Street Address:			
	Amendment Section Division of Corporations			
Division of Corporations P.O. Box 6327	The Centre of Tallahassee			
Tailahassee, FL 32314	2415 N. Monroe Street, Suite 810			
. and	Tallahassee, FL 32303			

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ	nized under the laws of the	e State of Flo	rida	his 	_
	r to change its registered office or regist	ered agent, or both, in the	e State of Floi	rıda.		
1. The name of	the corporation: Fountain Financial, Inc.					
2. The principal	office address: 1301 Riverplace Boulevard	1, Suite 2600, Jacksonville,	FL 32207			
	ddress (if different):					
4. Date of incorp	poration/qualification: 06/30/2000	Document number	. <u>P000000639</u>	28		
	d street address of the current registered a treet of State: (If resigned, enter resigned		e on file with	the		
	Lawton E. Bassett III	_				
	1301 Riverplace Boulevard, Suite 2600			7. 10.38	2020	
	Jacksonville, FL 32207			RETA	JUL 2	
6. The name and (if changed):	I street address of the new registered age	nt (if changed) and /or re	gistered offic	RY OF S	2020 JUL 27 PH 12: 5	ורכ
	C T Corporation System			근로	S.	
	1200 South Pine Island Road	nx NOT acceptable		, tu	_	
	Plantation, FL 33324					
The street address changed will	ess of its registered office and the street be identical.	address of the business	office of its r	egister	ed age	:nt,
Such change was authorized by the	as authorized by resolution duly adopte ne board, or the corporation has been no	d by its board of director otified in writing of the c	s or by an of hange.	ficer so	ט	
/ in	di Lewis	Cindi Lewis. Executive		nt		
_ •	re of an officer ordirector		ed name and title		_	
I further agree of my duties, an document is bei	the appointment as registered agent and to comply with the provisions of all stand I am familiar with and accept the obing filed merely to reflect a change in the sheen notified in writing of this change.	tutes relative to the prop ligation of my position a: he registered office addro	pacity. er and compl s registered a ess, I hereby	ete per igent. confiri	forma Or, if s n thát	nce this the
Rose Song, Assistant Secretary 7.17.2020			.2020			
	nature of Registered Agent	D	atc			_
If signing on be	chalf of an entity:					
	yped or Printed Name					

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