P04000062806

•					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECRETARY OF STATE

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COVER LETTER

TO: Amendment Sec Division of Corp	tion orations				
SUBJECT:	Clark RE Se	rvice PA			
	Tunio or c	oorporation			
DOCUMENT NUMBE	r:P04	000062806			
The enclosed Statement	of Change of Registered Offic	ce/Agent and fee are subm	itted for filing.		
Please return all correspo	ondence concerning this matte	er to the following:			
		R Clark			
	Name of Co	ntact Person			
•					
Clark RE Services PA , Firm/Company					
	Firm/C	ompany			
	40475 Fasture De	where Order 4404			
10175 Fortune Parkway, Suite 1101 Address					
	7 100				
	lacksonvill	a El 32256			
Jacksonville, FL 32256 City/State and Zip Code					
	y				
	justin@skinr	nerland.com	· /w		
E-ma	ail address: (to be used for	ruture annual report noti	ification)		
For further information c	oncerning this matter, please	call:			
Jus	stin Clark	at (904)	519-8002		
Name of	Contact Person	Area Code & Dayt	519-8002 time Telephone Number		
Enclosed is a \$35.00 che	ck made payable to the Depar	tment of State.			
]	Mailing Address:	Street Address	5:		
	Amendment Section	Amendment S	Section		
	Division of Corporations P.O. Box 6327	Division of C Clifton Build			
	F.O. Box 6327 Fallahassee, FL 32314		ing ve Center Circle		
•	1 1111111111111111111111111111111111111	-Tallahassee, I			

TO:

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

statement of char	ge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Flo. organized under the laws of the Stat	_{e of} <u>Florida</u>
		registered agent, or both, in the State	e of Florida.
	ne corporation: Clark RE Sei		
2. The principal of	office address: 10175 Fortune	Parkway, Suite 1101	
Jacksonvill	e, FL 32256		
3. The mailing ac	ldress (if different): NA		
4. Date of incorp	oration/qualification: 04/14/	2004 Document number:	P04000062806
	street address of the current regist ment of State: (If resigned, enter r	ered agent and registered office on fi esigned)	le with the
	FRASER, THOMAS J JR.		SE SE
, ,	250 PONTE VEDRA PARI	C DRIVE SUITE 150	
	PONTE VEDRA BEACH F	L 32082 US	-6 -6 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1
6. The name and (if changed):	street address of the new registere	d agent (if changed) and /or registere	ed office ONA
	Charles W. Skinner		
	10175 Fortune Parkway, S	uite 1101 Box NOT acceptable	
	Jacksonville, FL 32256	sox NOT acceptable	
The street address as changed will	ss of its registered office and the pe identical.	street address of the business office	e of its registered agent,
Such change was authorized by the	s authorized by resolution duly a e board, or the corporation has b	dopted by its board of directors or leen notified in writing of the chang	by an officer so e.
Signature	of an officer of diffection	Justin R Clark Printed or typed nam	President and title
I further agree to of my duties, and document is bein	the appointment as registered ag o comply with the provisions of a I I am familiar with and accept to g filed merely to reflect a chang been notified in writing of this c	ent and agree to act in this capacit ill statutes relative to the proper an he obligation of my position as reg e in the registered office address, I hange.	y. d complete performance istered agent. Or, if this hereby confirm that the
Mini		9/30/20)10
Sign	ature of Registered Agent	Date	
If signing on beh	nalf of an entity:		
Ту	ped or Printed Name		

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

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