

P05000091198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600163405926

12/10/09--01037--006 **35.00

APPROVED
AND
FILED

09 DEC 10 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RORO
12/14/09
TL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Cornerstone Solutions Group Jacksonville, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000091198

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:

JOHN H. RAINS, III
Name of Contact Person

JOHN H. RAINS III, P.A.
Firm/Company

501 EAST KENNEDY BLVD, SUITE 750
Address

TAMPA, FL 33602
City/State and Zip Code

JRAINS@JOHNRAINS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN H. RAINS, III at (813) 221-2777
Name of Contact Person 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: Cornerstone Solutions Group Jacksonville, Inc.
2. The principal office address: 980 ROLAND AVENUE
GREEN COVE SPRINGS, FL 32043
3. The mailing address (if different): 14620 BELLAMY BROTHERS BOULEVARD
DADE CITY, FL 33525
4. Date of incorporation/qualification: 06/27/05 Document number: P05000091198
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)

MARK P BECKEL

14640 BELLAMY BROTHERS BOULEVARD

DADE CITY, FL 33525

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

JOHN H. RAINS III, P.A.

501 EAST KENNEDY BLVD, SUITE 750

P.O. Box NOT acceptable

TAMPA, FL 33602

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

JOHN M FAULKNER
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.


Signature of Registered Agent

8 Dec 2009
Date

If signing on behalf of an entity:

JOHN H. RAINS, III

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)

APPROPRIATE
FILED
AND
09 DEC 10 PM 5:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA