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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : SMITH HULSEY & BUSEY

Account Number: 075030000653 Phone : (904)359-7700 Fax Number : (904)359-7708

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: george@albertellilaw.com

## REGISTERED AGENT CHANGE JAMES E. ALBERTELLI, P.A.

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

	er to change its registered office or regi	istered agent, or both, in the State of Florida.
l. The name of	the corporation: James E Albertelli PA	
2. The principal	office address: 208 N Laura Street #900	, Jacksonville, FL 32202
3. The mailing a	address (if different):	
4. Date of incom	poration/qualification: 08/07/2007	Document number: P07000089088
	d street address of the current registered rtment of State: (If resigned, enter resigned	d agent and registered office on file with the gred)
	SMITH HULSEY & BUSEY, PROFES	SSIONAL ASSOCIATION
	225 WATER STREET, SUITE 1800	
	JACKSONVILLE, FL 32202	
6. The name an (if changed):	d street address of the new registered a	gent (if changed) and /or registered office
	SMITH HULSEY & BUSEY, PROFES	SSIONAL ASSOCIATION
	One Independent Drive, Suite 3300	
	F.O. Jacksonville, FL 32202	Box NOT acceptable
The street addr	ess of its registered office and the stre I be identical.	et address of the business office of its registered agent
as changed wil		ted by its board of directors or by an officer so
as changed wil	as authorized by resolution duly adop he hoard, or the corporation has been	notified in writing of the change.
is changed will	as authorized by resolution duty adop he hoard, or the corporation has been	notified in writing of the change.  James E Albertelli
as changed will Such change wa authorized by t	ure of an officer or director	James E Albertelli Printed or typed name and take
as changed will Such change wa authorized by t	ure of an officer or director	James E Albertelli
as changed will Such change wa authorized by t	ure of an officer or director	James E Albertelli Printed or typed name and take
Such change was authorized by the such orized by the succept of the succept of my duties, and document is be corporation has a succept of the succept of the succept or succept	ure of an officer or director	James E Albertelli  Printed or typed name and take  and agree to act in this capacity, taltites relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.
Such change was authorized by the such orized by the such of the s	t the appointment as registered agent to comply with the provisions of all sind I am familiar with and accept the cing filed merely to reflect a change in a been notified in writing of this change.	James E Albertelli  Printed or typed name and take  and agree to act in this capacity, tatutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.  January 30, 2020
Such change was authorized by the such orized by the such of the s	the appointment as registered agent to comply with the provisions of all sind I am familiar with and accept the cing filed merely to reflect a change in s been notified in writing of this change in the control of the change in the control of the change in writing of the change in the change in writing of the change in writing in writ	James E Albertelli  Printed or typed name and take  and agree to act in this capacity, tatutes relative to the proper and complete performance bligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.  January 30, 2020

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)