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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.



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To:					
	Division of	Corporations	2.* •••••	202	
	Fax Number	: (850)617-6380		2020 MAR	
From:			4 	AR -	
	Account Name	: IVAN & DAUGUSTINIS,PLLC	·	÷-	1
	Account Numb	er : 120180000057	21	-	1
	Phone	: (904)395-2395		AH	ر د د ا رستندر
	Fax Number	: (904)475-2121	275 273	9:5	Name of Street
		r this business entity to be Enter only one email address		£-	
Email Add	ress:				
r					
	REGISTI	ERED AGENT CHANGE			
	ATKINSC	N & ASSOCIATES INC			

 Certificate of Status
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 Estimated Charge
 \$35.00

Mar. 4. 2020 12:47PM STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AUGUST OF 12:47PM FOR CORPORATIONS H20000072866 3

1. The name of t	be corporation: ATKINSON & ASSOCIATES, INC.
2. The principal	office address:7449 OVERLAND PARK BLVD, JACKSONVILLE, FL 32224
3. The mailing a	tidress (if different): PO BOX 56871, JACKSONVILLE, FL 32241-6871
4. Date of incorp	poration/qualification:01/19/2012Document number: P12000006755
5. The name and	street address of the current registered agent and registered office on file with the then the
	MICHAEL J. IVAN, JR., ESQ.
	600 W MONROE ST
	JACKSONVILLE, FL 32202
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	MICHAEL J. IVAN, JR., ESQ.
	5150 BELFORT ROAD, BUILDING 200 P.O. Box NOT acceptable
	P.O. Box NOT acceptable
	JACKSONVILLE, FL 32256

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.

on officer Samplure 01

George W. Atkinson, Director

Printed or typed maine and lifto

March 3, 2020

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

If signing on behalf of an entity:

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

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