P120000095437

(Re	equestor's Name)	
(Ac	idress)	
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(Ci	ty/State/Zip/Phone #	<u> </u>
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Name)
(Dc	ocument Number)	
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COVER LETTER

	nendment Section vision of Corporations			
SUBJECT	: Douglas F Mackle, Name of Corpo	PA pration		
DOCUME	NT NUMBER: P12000095	437		
The enclose	ed Statement of Change of Registered Office/Ap	gent and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
	Mike Forgense	Person		
	Senior Coursel Firm/Compa			
	2318 Park St Address	treet		
	Jackson Mlle, Fr. City/State and Z			
	E-mail address: (to be used for futur	e annual report notification)		
For further	information concerning this matter, please call:			
Dou	Slas F. Markle a Name of Contact Person	1, 904, 753-3332		
`	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is	s a \$35.00 check made payable to the Departmen	nt 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: Douglas F Markle, PA
2. The principal office address: 1600 Highland Dunes Way
Fernandina Beuch, FZ 32034
3. The mailing address (if different): SME
4. Date of incorporation/qualification: 11/16/2012 Document number: P12000095437
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)
Frank R. Grambling, Esp
2418 Los Robbes Dr.
Fernandina Beach, FL 32034
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Mike Jorgensen Eg =
2318 Park Strut
P.O Box NOT acceptable
Jacksonvill, PL 32204
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 Douglas F Macket President Printed or typed name and title 4 Director
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 Date
If signing on behalf of an entity:
Typed or Printed Name

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

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