

PI4 000101279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FL

6/7/21

SP

**THE LAW OFFICE OF  
JAY B. WATSON, P.A.**

419 THIRD STREET NORTH  
JACKSONVILLE BEACH, FL 32250

JAY B. WATSON, ESQ.  
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TEL: 904.372.9541  
FAX: 904.339.0501  
www.jbwatsonpa.com

April 28, 2021

Florida Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Re:   Huntington University, Inc. – P14000101279  
      Change of Registered Agent**

Dear Division of Corporations Representative:

My law firm represents Huntington University, Inc., a Florida corporation. Enclosed please find a Statement of Change of Registered Agent or Registered Office or Both for Corporations ("Statement of Change"), which has been completed and signed by my client. Also enclosed is my firm's check no.: 2535 made payable to the Florida Department of State in the amount of \$35.

Please change the name and address of the Registered Agent for Huntington University, Inc. as indicated on the enclosed Statement of Change form, and use the enclosed payment to cover the filing fee for the change. Thank you in advance for your assistance in timely completing this request.

Should you have any questions or need additional information to complete this request, please contact me directly using the telephone number or email address listed in the heading of this letter.

Sincerely,



Jay B. Watson

JBW/jw  
Encl(s).

cc:     Huntington University, Inc. c/o. Brittany Longnecker via email w/ encl(s).

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Huntington University, Inc.  
Name of Corporation

DOCUMENT NUMBER: P14000101279

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:

Jay B. Watson  
Name of Contact Person  
Jay B. Watson, P.A.  
Firm/Company  
419 3rd Street North  
Address  
Jacksonville Beach, FL 32250  
City/State and Zip Code  
jbw@jbwatsonpa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay B. Watson at 904 372-9541  
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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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: Huntington University, Inc.
2. The principal office address: 118 Legacy View Way,  
Knoxville, TN 37918
3. The mailing address (if different): SAME
4. Date of incorporation/qualification: 04.30.2004 Document number: P14000101279  
Articles of Inc. And Certificate of Domestication filed 12.19.2014
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)

Resigned

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

Jay B. Watson

419 3rd street NORTH

P.O. Box NOT acceptable

Jacksonville Beach, FL 32250

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.

Brittany Longnecker  
Signature of an officer or director

Brittany Longnecker / Administrative Coordinator  
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. On 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.

Stwate  
Signature of Registered Agent

04.28.2021  
Date

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  
CR2E045 (04/13)

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TALLAHASSEE, FL