

P24 0000 10962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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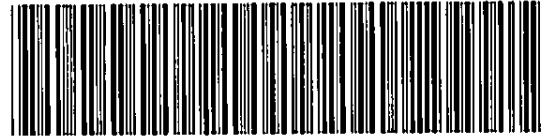
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** GOLD KIST INC  
Name of Corporation

**DOCUMENT NUMBER:** P24000010962

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:

GREGORY R MCCALL

Name of Contact Person

Firm/Company

9838 OLD BAYMEADOWS ROAD UNIT 208

Address

JACKSONVILLE FLORIDA 32256

City/State and Zip Code

churchofthesacredjewels@gmail.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

GREGORY R MCCALL

Name of Contact Person

at (904)

6037345

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: GOLD KIST INC
2. The principal office address: 1339 CESERY TERRACE JACKSONVILLE FLORIDA 32211
3. The mailing address (if different): 10700 BEACH BLVD # 17465 JACKSONVILLE FLORIDA 32245
4. Date of incorporation/qualification: 02/08/2024 Document number: P24000010962
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)

GREGORY R MCCALL

244 PERIMETER CENTER PARKWAY

ATLANTA , GA 30346

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

GREGORY R MCCALL

1154 HOLLY OAKS LAKE ROAD W

P.O. Box NOT acceptable

JACKSONVILLE FLORIDA 32225

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SECRETARY OF STATE  
TAL DARGASTEFF, FL

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.

Gregory R McCall  
signature of an officer or director

GREGORY R MCCAUL

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.*

Gregory R McCall  
Signature of Registered Agent

4-30-24  
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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