

P93 000076406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

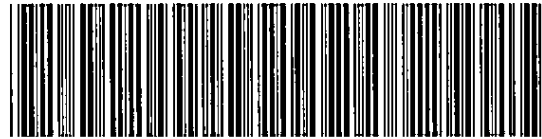
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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Northeast Florida Multiple Listing Service, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P93000076406

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:

Nicole Jensen

Name of Contact Person

Northeast Florida Multiple Listing Service, Inc.

Firm/Company

7801 Deercreek Club Road Suite 1

Address

Jacksonville, FL 32256

City/State and Zip Code

nicole@realmls.com

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

For further information concerning this matter, please call:

Nicole Jensen

Name of Contact Person

at (402) 802-7225

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: Northeast Florida Multiple Listing Service, Inc.
2. The principal office address: 7801 Deercreek Club Road, Jacksonville FL 32256
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/4/1993 Document number: P93000076406
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)

Jeffrey B Marks

3000-8 HARTLEY ROAD

JACKSONVILLE, FL 32257 US

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

Clyde W Davis

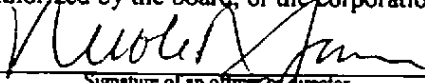
1869 South 8th Street

P.O. Box NOT acceptable

Fernandina Beach, FL 32034

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

Nicole D Jensen, CEO

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.*

  
Signature of Registered Agent

1/20/22

Date

If signing on behalf of an entity:

Clyde W Davis  
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)