

**REGISTERED AGENT
STATEMENT OF APPOINTMENT**
(Section 106.022, F.S.)

OFFICE USE ONLY

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JUL 20 2020

DUVAL COUNTY ELEC.

By LS

- Original Appointment Change of Appointment
 Change of Mailing Address Change of Physical Address

Registered Agent and Office Information

Name Gregory Blue Telephone 904-352-3029

Street Address 8267 Autumnwind Dr

City Jacksonville State FL Zip Code 32218

Mailing Address Same

City _____ State _____ Zip Code _____

I accept this appointment and confirm that I am familiar with and accept the obligations of the position as set forth in Section 106.022, F.S. I also understand that I may resign this appointment by executing a written statement of resignation and filing it with the applicable filing officer.

Gregory Blue
Signature of Registered Agent

7-20-20
Date

Former Registered Agent and Office Information (for changes only)

Name _____ Telephone _____

Street Address _____

City _____ State _____ Zip Code _____

Committee or Organization Information

Name of Committee or Organization Believe and Achieve feat of Jacksonville

Street Address 8267 Autumnwind Dr Telephone 904-352-3029

City Jacksonville State FL Zip Code 32218

Jonathan M. Kr. SUT
Signature of Chairperson

Jonathan M. Kr. SUT
Printed Name of Chairperson

7-20-20
Date