

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

OFFICE USE ONLY

**RECEIVED**

SEP 02 2021

DUVAL COUNTY ELE.  
By JS

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

**Registered Agent and Office Information**

Name **James J. McGovern** Telephone **904-626-9618**

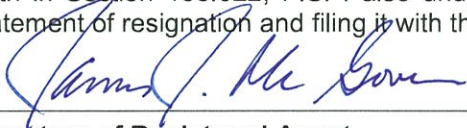
Street Address  
**3634 Riverside Avenue**

City **Jacksonville** State **Florida** Zip Code **32205**

Mailing Address  
**3634 Riverside Avenue**

City **Jacksonville** State **Florida** Zip Code **32205**

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.



Signature of Registered Agent

**September 2, 2021**

Date

**Former Registered Agent and Office Information (for changes only)**

Name Telephone

Street Address

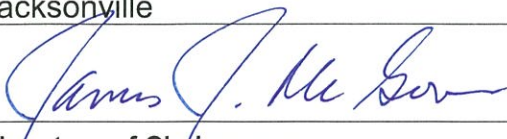
City State Zip Code

**Committee or Organization Information**

Name of Committee or Organization  
**Building Tomorrow Together**

Street Address Telephone  
**3634 Riverside Avenue 904-626-9618**

City **Jacksonville** State **Florida** Zip Code **32205**



Signature of Chairperson

**James J. McGovern**

Printed Name of Chairperson

**September 2, 2021**

Date