REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY

RECEIVED

		SEP 1 4 2021
Original Appointment Change of Appoin	ntment	DUVAL COUNTY ELEC.
☐ Change of Mailing Address ☐ Change of Physical Address		Ву
Registered Agent and Office Information		
Name Kevin M. Clair		Telephone (904) 547-1760
Street Address 14061 Magnolia Cove Road		
City Jacksonville	State Florida	Zip Code 32224
Mailing Address Post Office Box 51179		
City Jacksonville	State Florida	Zip Code 32240
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. A M Man		
Signature of Registered Agent		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		
Better Jacksonville	***************************************	
Street Address 14061 Magnolia Cove Road		Telephone (904) 547-1760
City Jacksonville	State Florida	Zip Code 32224
K-M Cla		
Signature of Chairperson		
Kevin M. Clair		9/13/21
Printed Name of Chairperson		Date