

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

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APR 01 2022

DUVAL COUNTY ELEC.
By

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

Registered Agent and Office Information

Name **Alvin Wellington Barlow** Telephone **904-359-0011**

Street Address
625 West Union Street, Suite 1

City **Jacksonville** State **FL** Zip Code **32202**

Mailing Address
Post Office Box 26098

City **Jacksonville** State **FL** Zip Code **32226-6098**

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.

03/29/2022

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
Housing for the Homeless

Street Address Telephone
625 West Union Street, Suite 1 **904-359-0011**

City **Jacksonville** State **FL** Zip Code **32202**

Signature of Chairperson

Alvin Wellington Barlow
Printed Name of Chairperson

03/29/2022
Date