REGISTERED AGENT STATEMENT OF APPOINTMENT

(Section 106.022, F.S.)

OFFICE USE ONLY

RECEIVED

SEP 17 2019

DUVAL COUNTY E_EC.

By

☒ Original Appointment ☐ Change of Appointment

☐ Change of Mailing Address ☐ Change of Physical Address

Registered Agent and Office Information

Name	Telephone
James Nealis	(904) 434 8799

Street Address		
1004 South Bank Way		
City	**State**	**Zip Code**
St Johns	Fl	32259
Mailing Address		
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.

Signature of Registered Agent **Date** 9/17/19

Former Registered Agent and Office Information (for changes only)

Name	Telephone
~~[illegible]~~	
Street Address	
City	**State**	**Zip Code**

Committee or Organization Information

Name of Committee or Organization: KeepItRealJax

Street Address	Telephone
1004 South Bank Way	(904) 434-8799
City	**State**	**Zip Code**
St Johns	Fl	32259

Signature of Chairperson

James Nealis

Printed Name of Chairperson **Date** 9/17/19

Form DS-DE 41 (revised 6/11)