738330

(Requestor's Name)
(Address)
(Address)
(**************************************
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





000455216630

07/29/25--01014--014 **35.00

2025 JUL 29 FII 4: 28



DATE:	06.30.2025							
ASSOCIATION:	Cumberland Circle							
INVOICE#	62025							
GL CODE:	07440							
CHECK REQUISTION								
CHECK AMOUNT	\$35.00							
	Amendment Section Division							
PAY TO VENDOR	of Corp							
ADDRESS	PO Box 6327							
CITY / STATE / ZIP	Tallahassee, FL 32314							
FOR (BUSINESS PURPOSES								
	GIVE TO NORA							
CHECK DISTRIBUTION:	US MAIL PICK UP							
	DROP OFF							
SPECIAL INSTRUCTIONS		_						
DUE DATE								
APPROVED BY								

• . • .

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	CUMBERLAND CIRCLE COMMUNITY ASSOCIATION, INC.		
Name of Corporatio	n		
DOCUMENT NUM	73 riber:	8330	
The enclosed Staten	nent of Change of Registered Of	Tice/Agent and fee are subm	itted for filing.
Please return all cor	respondence concerning this ma	tter to the following:	
Garry Griffin			
Name of Contact Pe	rson		
Bosshardt Property M	lanagement		
Firm/Company			
5522 NW 43rd St			
Address			
Gainesville, Fl. 3265.	3		
City/State and Zip C	lode		
	customerservice@b	osshardteam.com	
E-mail address: (to	be used for future annual rep	oort notification)	<u>.</u>
For further informat	ion concerning this matter, plea	se call:	
	Garry Griffin	at (<u>352</u>) Area Code & Dayt	240-2713
Nam	e of Contact Person	Area Code & Dayt	ime Telephone Number

Mailing Address: Amendment Section

Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	, ,		istered agent, or both, in the State of F		
1. The name of the corporation:		CUMBERLANI	O CIRCLE COMMUNITY ASSOCIATI	ION, INC.	
2. The principal	office address:		5522 NW 43rd Street Gainesville, FL 32653		
			Gainesville, FL 32653		
3. The mailing a	address (if differen	t):	SAME AS ABOVE	_ .	
4. Date of incorp	poration/qualificat	ion:06/01/2025	Document number:	738330	
		the current registered resigned, enter resigned.	l agent and registered office on file witned)	ith the	
	c/o Guardian Asso	ociation Managment		_	
	10000 SW 52nd Ave - Links Clubhouse		2025	ı	
	GAINESVILLE.			· · · · · · · · · · · · · · · · · · ·	ני"] בבי
6. The name and (if changed):	d street address of	the new registered aş	gent (if changed) and /or registered off		
	Bosshardt Propert	y Management		- <u>1</u> :	•
	5522 NW 43rd St	reet		CO	
			Box NOT acceptable	-	
	Gainesville, FL 31	3487 	<u> </u>	-	
The street address changed will	ess of its registere be identical.	d office and the stre	et address of the business office of its	s registered agent,	
Such change wa authorized by the	as authorized by re he board, or the co	esolution duly adopt orporation has been	ted by its board of directors or by an onotified in writing of the change.	officer so	
Man	m Krilbin		Garry Griffin		
	ire an officer direct		Printed or typed name and till	He	
I furthér agrée : of my duties, an document is bei	to comply with the nd I am familiar w ing filed merely to	e provisions of all st with and accept the o	and agree to act in this capacity, atutes relative to the proper and combligation of my position as registered the registered office address. I herebyce,	d avent "Or if this	
Idn	my briggin	~ 13	06/25/2025		
Sig	makire of Registered Ag	ent	Date		
If signing on be	chalf of an entity:				
					
T	yped or Printed Name				

* * * FILING FEE: \$35.00 * * *