754403

(Requestor's Name)
(Address)
(Address)
((datess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bocument Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
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025 JUL 29 PH 4: 28



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ATE:	- 06.30.2025				
SSOCIATION:	Boulevard House Condo				
VVOICE#	62025				
GL CODE:	07440				
CH	IECK REQUISTION				
HECK AMOUNT	\$35.00				
	Amendment Section Division				
AY TO VENDOR	of Corp				
ODRESS	PO Box 6327				
ITY / STATE / ZIP	Tallahassee, FL 32314				
IR (BUSINESS PURPOSES					
	GIVE TO NORA				
	US MAII				
CK DISTRIBUTION:					
CK DISTRIBUTION:	PICK UF DROP OFF				
CK DISTRIBUTION: CIAL INSTRUCTIONS E DATE	PICK UP				

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	BOULEVARD HOUSE CONDOMINIUM ASSOCIATION, INC.						
Name of Corpor	ation		-				
DOCUMENT?	NUMBER:	754	4403			<u>.</u>	
The enclosed Sta	atement of Change o	of Registered Offic	:e/Agent a	and fee are	e submit	ted for filing.	
Please return all	correspondence con	cerning this matte	r to the fo	ollowing:			
Garry Griffin							
Name of Contac	t Person			_			
Bosshardt Proper	ty Management						
Firm/Company				_			
5522 NW 43rd St							
Address				_			
Gainesville, FL 3	2653						
City/State and Z	ip Code			-			
	cus	stomerservice@boss	shardteam.	com			
E-mail address	: (to be used for fu	ture annual repor	rt notific	ation)	<u>.</u>		
For further infor	mation concerning t	his matter, please	call:				
	Garry Griffin		at (352	1	240-2713	
	Name of Contact Per	son	— ''' (<u>A</u> r	rea Code d	& Daytir	ne Telephone Nur	nber

Enclosed is a \$35.00 check made payable to the Department of State.

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

The name of the corporation: 2. The principal office address:		BOULEVARD HO	USE CONDOMINIUM ASSOCIA	TION, INC.			
			5522 NW 43rd Street				
			Gainesville, Fl. 32653				
3. The mailing a	ddress (if different): _	SAM	E AS ABOVE				
4. Date of incorp	oration/qualification:	06/01/2025	_ Document number:	754403			
	street address of the c tment of State: (If resi		and registered office on file with	ı the			
	c/o Guardian Associati	ion Managment	# 3F - W - MILE				
	10000 SW 52nd Ave - Links Clubhouse						
	GAINESVILLE, FL 3	2608		2025 JUL 29			
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office						
	Bosshardt Property Ma	anagement		<u> </u>			
	5522 NW 43rd Street						
	P.O. Box NOT acceptable Gainesville, FL 33487						
The street addre	ss of its registered of be identical.	fice and the street add	ress of the business office of its	registered agent,			
			its board of directors or by an o				
M	16:11:	M	Garry Griffin				
	of an officer or director		Printed or typed name and title				
I further agree to of my duties, and document is being corporation has	o comply with the prod I am familiar with a ng filed merely to refl been notified in writi	ovisions of all statutes and accept the obligat lect a change in the re	pree to act in this capacity, relative to the proper and compion of my position as registered gistered office address. I hereby	elete performance agent. Or, if this confirm that the			
/Jamy	, , , ,	_	06/25/2025				
·	ature of Registered Agent		Date				
If signing on bel	nati of an entity:						
Tv	ped or Printed Name						

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