

NO10000006050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

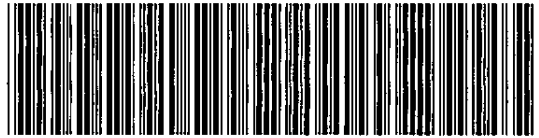
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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Mayfield Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N01000006050

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara M. Rogers
Name of Contact Person

All Property Management, Inc.
Firm/Company

8282 Western Way Circle, Suite # 1101
Address

Jacksonville, FL 32256
City/State and Zip Code

apm111@comcast.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barbara or David Rogers at (904) 733-9304
Name of Contact Person Area Code & Daytime Telephone Number

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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Mayfield Owners Association, Inc.
2. The principal office address: 3103 Silverado Cir.
Green Cove Springs, FL 32043
3. The mailing address (if different): P.O. Box 65936
Orange Park, FL 32065
4. Date of incorporation/qualification: 08/23/2001 Document number: N01000006050
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Cindy Lu Edner
3103 Silverado Cir
Green Cove Springs, FL 32043

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Barbara M. Rogers
8282 Western Way Circle, Suite # 1101
P.O. Box NOT acceptable
Jacksonville, FL 32256

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DIVISION OF CORPORATIONS
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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Barbara M. Rogers

Signature of Registered Agent

September 22, 2009

Date

If signing on behalf of an entity:

Barbara M. Rogers, V: President

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)