

N03 0000 10759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

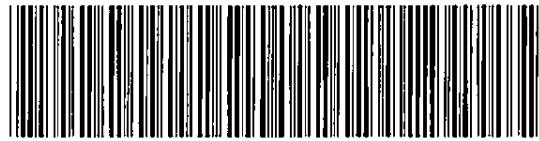
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

2024 NOV 25 AM 9:44

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: THE MAGNOLIA VILLAS HOMEOWNERS ASSOCIATION, INC.
Name of Corporation

DOCUMENT NUMBER: N03000010759

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:

Garry Griffin

Name of Contact Person

Bosshardt Property Management

Firm/Company

5522-B NW 43rd Street

Address

Gainesville, FL 32653

City/State and Zip Code

customerservice@bosshardtcam.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Garry Griffin

at (352) 240-2713

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2008 NOV 25 AM 9:45
DEPT OF STATE
TALLAHASSEE, FL

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**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: THE MAGNOLIA VILLAS HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 5522-B NW 43rd Street Gainesville, FL 32653

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 05/08/2024 Document number: N03000010759

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)

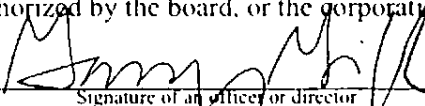
Melissa Brackett PA
115 NE 8th Avenue
OCALA, FL 34470

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

Bosshardt Property Management
5522-B NW 43rd St
P.O. Box NOT acceptable
Gainesville, FL 32653

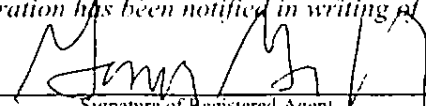
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Garry Griffin
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.


Signature of Registered Agent

11-19-24
Date

If signing on behalf of an entity:

Garry Griffin
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 (04/13)

2024 NOV 25 AM 9:45
DIVISION OF STATE
TALLAHASSEE, FL

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