NO400000 6663

(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:							





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COVER LETTER

TO:

Amendment Section Division of Corporations

Gainesville Oaks Condominium Association, INC

Name of Corporation

N0400006663

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:

_	MI	\sim		\sim	\sim	h	tr	\sim	\sim	n
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Name of Contact Person

Ballers, LLC

Firm/Company

311 NE 1st Street

Address

Gainesville, FL 32601

City/State and Zip Code

eric.leightman@gmail.com

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

For further information concerning this matter, please call:

Eric Leghtman

_,352 _219287

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

statement of cha	provisions of sections 607.0502, 617.0502 inge is submitted for a corporation organi. r to change its registered office or register	zed under th	e laws of the State	of Florida				
1. The name of	the corporation: Gainesville Oaks (Condomi	nium Associa	ation, INC				
2. The principal	office address: 311 NE 1st Street,	Gainesv	ille, FL 3260	1				
3. The mailing a	address (if different):							
4. Date of incorp	poration/qualification: 4-15-2019	Docum	ent number: NO4	1000006663				
	I street address of the current registered ag rtment of State: (If resigned, enter resigned	l)		e with the				
	DIANE COVAN- RES	GN E	ED					
	1 901 FOGARTY AVENU E							
	Key West, FL 33040			_				
6. The name and street address of the new registered agent (if changed) and /or registered office). (if changed): Eric Leightman								
	Eric Leightman							
	311 NE 1st Street							
	Gainesville, FL 32601	icceptable						
The street address changed will	ess of its registered office and the street a be identical.	ddress of th	e business office (of its registered agent,				
Such change wa authorized by the	as authorized by resolution duly adopted to board, or the corporation has been noti	by its board fied in writi	of directors or bying of the change.	an officer so				
	ire of an of Less or director	_	LE(647/NAN)	$\widehat{}$				
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent and to comply with the provisions of all status my duties, and I am familiar with and ac is document is being filed merely to reflect that the corporation has been notified in	tes relative i cept the obl ct a change	to the proper and igation of my posi in the registered o	complete ition as registered office address, I				
Sig	nature of Regintered Agent	Serc	Date	J 4-15-19				
	half of an entity:							
BALLES	yped or Printed Name							

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