N04000009455

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(20011000 21111), (101110)
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2017 APR 28 AH 🐟

SECRETARY OF STATE

1017 APR 28 FH 4: 28

V HERRING MAY - 1 2017 CORPORATION SERVICE COMPANY
1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. :	12000000195				
REFERENCE :	620366 7775081				
AUTHORIZATION :	Spill the man				
COST LIMIT :	\$ 35.00				
ORDER DATE : April 28, 2017					
ORDER TIME : 3:19 PM					
ORDER NO. : 620366-005					
CUSTOMER NO: 7775081					
CHANGE OF AGENT					
NAME: OWNER'S ASSOCIATION OF BOSCHERT'S SUBDIVISION, INC.					
PLEASE RETURN THE FOLLOWING AS PRO	OOF OF FILING:				
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Melissa Zender -	- EXT#				

EXAMINER:

Amendment Section

TO:

COVER LETTER

Divisi	on of Corporations					
O ₁	wners Association of Boschert's Subdivision,	. Inc.				
SUBJECT:	Name of Corpo					
	N0400009455					
DOCUMENT	NUMBER:	<u> </u>				
The enclosed S	Statement of Change of Registered Office/A	gent and fee are submitted for filing.				
Please return a	Il correspondence concerning this matter to	the following:				
	Kris Mead					
	Name of Contact Person					
	Welltower Inc.					
	Firm/Comp.	any				
	4500 Dorr Street					
	Address					
	Toledo, OH 43615					
	City/State and Zip Code					
	syounker@cscglobal.com					
	E-mail address: (to be used for future annual report notification)					
	(
For further info	ormation concerning this matter, please call:					
Kris Mead	а	419 250-5607 t ()				
	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclosed is a \$	35.00 check made payable to the Departmen	nt of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				

Tallahassee, FL 32301

bocuSign Envelope ID: 66B506B9-95DD-40F7-B5E9-C301F04E1840 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	e provisions of sections 607.0502, 61 ange is submitted for a corporation er to change its registered office or t	organized under the la	ws of the State	of Florida
1. The name of	the corporation: Owner's Association	on of Boschert's Subdi	vision, Inc.	
2. The principa	l office address: 4500 Dorr Street, T	oledo, OH 43615		
3. The mailing	address (if different): 550 Heritage I	Drive, Suite 200, Jupit	er, FL 33458	
4. Date of incom	poration/qualification: 10/05/2004	Document	number: N040	00009455
	d street address of the current register furtment of State: (If resigned, enter re	ered agent and register		
	Robert A. Cox			_
	7408 RIVERVIEW DRIVE			
	BRADENTON	FL	34209	
6. The name an (if changed):	d street address of the new registere	d agent (if changed) an	nd /or registered	SECRETARY VISION OF CO
	Corporation Service Company			₩ <u>₩</u>
	1201 Hays Street			AH 2
		x NOT acceptable	22204	2 5 T
	Tallahassee		32301	_
The street addr	ess of its registered office and the s I be identical.	treet address of the bu	isiness office of	f its registered agent,
	as authorized by resolution duly ad he board, or the corporation has been	opted by its board of c en notified in writing o	directors or by a of the change.	an officer so
Docusigned by:	nt	Courtney Dave	nport	President
Signat —6974050067A9429	ure of an officer or director	Print	ed or typed name and	title
I hereby accept further agree performance of agent. Or, if the hereby confirm Corporation By:	t the appointment as registered age to comply with the provisions of all my duties, and I am familiar with a stack document is being filed merely to that the corporation has been notified to Service Company	l statutes relative to th and accept the obligat	ne proper and c tion of my positi	omplete ion as registered fice address, I
If signing on be	chalf of an entity:			
	Melissa Zender			
7	Typed or Printed Asst. Vice President			
	* * * FILING	G FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314