

N05000000000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

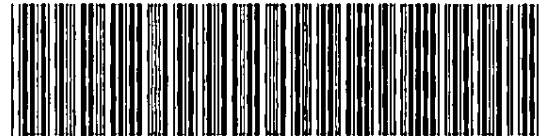
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Avenues Business Center Condominium Owners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000000080

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:

Michael Hodges
Name of Contact Person

FPM Communities
Firm/Company

10365 Hood Rd S Unit 205
Address

Jacksonville, FL 32257
City/State and Zip Code

mhodges@rentalsinjax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

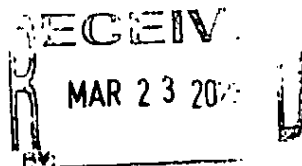
Brenda Needham at (904) 497-4200
Name of Contact Person Area Code & Daytime Telephone Number

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

CR2E045 (04/13)





FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 3, 2023

MICHAEL G HODGES
10365 HOOD RD SOUTH
UNIT 205
JACKSONVILLE, FL 32257

SUBJECT: AVENUES BUSINESS CENTER CONDOMINIUM OWNERS'
ASSOCIATION, INC.
Ref. Number: N05000000080

We have received your document for AVENUES BUSINESS CENTER CONDOMINIUM OWNERS' ASSOCIATION, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT ALIEN BUSINESS ORGANIZATION, but your entity is a FLORIDA NON PROFIT CORPORATION. Please complete and return the enclosed blank form(s).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan
Regulatory Specialist III

Letter Number: 723A00004987

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Avenues Business Center Condominium Owners Association, Inc.

2. The principal office address: 10365 Hood Rd S Unit 205, Jacksonville FL 32257

3. The mailing address (if different): Same as above

4. Date of incorporation/qualification: 01/03/2005 Document number: N05000000080

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)

Resigned

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

FPM Communities, Inc.

10365 Hood Rd S Unit 205

P.O. Box NOT acceptable

Jacksonville, FL 32257

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.

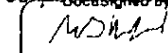


Signature of an officer or director

Rhonda Robertelli - President

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

3/16/2023

Date

If signing on behalf of an entity:

Michael Hodges

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

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TALLAHASSEE, FL