

NO5000001858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

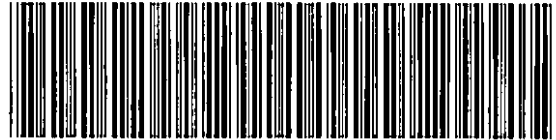
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 7 2018

24761

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Ironwood Village Homeowners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000001858

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:

Kim Balaskiewicz

Name of Contact Person

Madison Property Management Solutions, LLC

Firm/Company

6960 Bonneval Road, Suite 302

Address

Jacksonville, FL 32216

City/State and Zip Code

kim@madison-solutions.net

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

For further information concerning this matter, please call:

Irene Richardson

Name of Contact Person

at (904) 641-1858

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: Ironwood Village Homeowners' Association, Inc.
2. The principal office address: 3985 Silverpoint Lane, Jacksonville, FL 32216

3. The mailing address (if different): _____
6972 Lake Gloria Blvd, Orlando FL 32809

4. Date of incorporation/qualification: 02/22/2005 Document number: N05000001858

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)

Leland Management
6972 Lake Gloria Blvd
Orlando, FL 32809

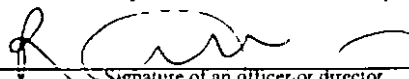
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Madison Property Management Solutions, LLC
6960 Bonneval Road, Suite 302
P.O. Box NOT acceptable
Jacksonville, FL 32216

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TALLAHASSEE FL 32314

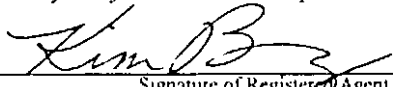
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Venkatesh Ramana Ala (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

8/29/18
Date

If signing on behalf of an entity:

Kim Balaskiewicz
Typed or Printed Name

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