

N05000002713

GPAS

60 Ocean Blvd #9

Atl Bch, FL

32233

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

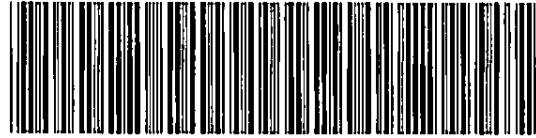
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200306897052

12/26/17--01017--019 **35.00

FILED
2017 DEC 26 PM 3:37
TALLAHASSEE, FLORIDA

RH/RO/CH8

DEC 29 2017
ALBRITTON

**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: Merrill Pines Condominium Association, Inc.
2. The principal office address: 4303 Springmoor Drive West, Jacksonville, FL 32225

3. The mailing address (if different): P.O. Box 351233, Jacksonville, FL 32235

4. Date of incorporation/qualification: 3/16/05 Document number: N05000002713

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)

Interlaced Property Solutions, LLC

5991 Chester Avenue, Suite 203

Jacksonville, FL 32217

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

Great Point Association Services, LLC

4303 Springmoor Drive West

P.O. Box NOT acceptable

Jacksonville, FL 32225

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.

Rona Revels
Signature of an officer or director

Rona Revels, 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.

T. Clark
Signature of Registered Agent

9/15/2017
Date

If signing on behalf of an entity:

Tessa Clark

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 (03/12)

FILED
2017 DEC 26 PM 3:57
STATE OF FLORIDA
TALLAHASSEE