

N05000003739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

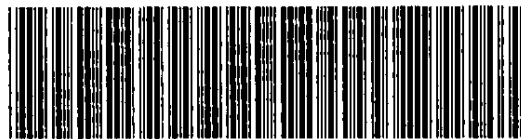
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B.A.

TR

JUN 16 2010

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Magnolias at Ocala Homeowners Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N05000003739

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:

Garry H. Griffin
Name of Contact Person

Bosshardt Property Management LLC
Firm/Company

2123 SW 20th Place
Address

Ocala, FL 34471
City/State and Zip Code

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

For further information concerning this matter, please call:

Garry H. Griffin at (352) 671-8203
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**

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: Magnolias at Ocala Homeowners Association, Inc.

2. The principal office address: 2123 SW 20th Place Ocala, FL 34471

3. The mailing address (if different): Same

4. Date of incorporation/qualification: 4/12/05 Document number: N05000003739

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)

Bosshardt Property Management, Inc.
2123 SW 20th Place
Ocala, FL 34471

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

Bosshardt Property Management, LLC

2123 SW 20th Place

P.O. Box NOT acceptable

Ocala, FL 34471

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.

Robert Campbell
Signature of an officer or director

Robert Campbell
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.

Garry H. Griffin
Signature of Registered Agent

6-11-10
Date

If signing on behalf of an entity:

Garry H. Griffin
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 (8/05)