N05000006704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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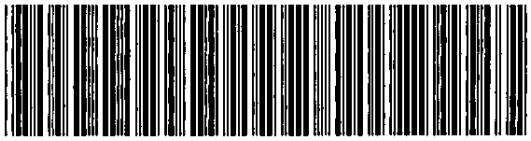

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2015 DEC 18 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RAELEN
12/21/15

COVER LETTER

TO: Amendment Section
Division of Corporations

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

DOCUMENT NUMBER: _____

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:

Mike Johnson
Name of Contact Person

_____
Firm/Company

150 Hidden Road STE 300
Address

Ponte Vedra, FL 32081
City/State and Zip Code

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

For further information concerning this matter, please call:

Mike Johnson at (904) 342-4008
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 _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: The Oaks Business Center Condominum Owners Association, INC.
2. The principal office address: 150 Hilden Road STE 300
   Ponte Vedra FL 32081
3. The mailing address (if different): same
4. Date of incorporation/qualification: 6-28-2005 Document number: N05000006704
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)

   Property Management Partners & Associates, Inc.
   12058 San Jose Blvd. STE 904
   Jacksonville FL, 32223

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

   Mike Johnson
   150 Hilden Road STE 300
   P.O. Box NOT acceptable
   Ponte Vedra FL 32081

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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.

Mike Johnson
Signature of an officer or director

Mike Johnson Pres
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.

Mike Johnson
Signature of Registered Agent

12-8-2015
Date

If signing on behalf of an entity:

Mike Johnson
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)