N05000010281

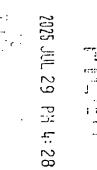
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Only) State 2 pt Hone hy					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





600455216676

07/38/25--01014--010 ++35.00





DATE:	06.30.2025			
ASSOCIATION:	Fletcher Park Owner's			
INVOICE#	62025			
GL CODE:	07440			
СН	IECK REQUISTION			
CHECK AMOUNT	\$35.00			
	Amendment Section Division			
PAY TO VENDOR	of Corp			
•				
ADDRESS	PO Box 6327			
CITY / STATE / ZIP	Tallahassee, FL 32314			
FOR (BUSINESS PURPOSES				
	GIVE TO NORA			
CHECK DISTRIBUTION:	US MAIL			
	PICK UP DROP OFF			
SPECIAL INSTRUCTIONS				

•

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: FLETCHER PARK OWNER'S ASSOCIATION, INC.						
Name of Corporation						
DOCUMENT NUMBER:N05000010281						
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 Griffin						
Name of Contact Person						
Bosshardt Property Management						
Firm/Company						
5522 NW 43rd St						
Äddress						
Gainesville, FL 32653						
City/State and Zip Code						
customerservice@bosshardtcam.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Garry Griffin at (352) 240-2713						
Garry Griffin at (352) 240-2713 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)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	mge is submitted for a c	orporation organize	607,1508, or 617,1508, F. ed under the laws of the St ed agent, or both, in the St	ate of Florida
			K OWNER'S ASSOCIATION	·
The name of the corporation: 2. The principal office address:			22 NW 43rd Street	
			inesville. FL 32653	
3. The mailing a	nddress (if different):	SAI	ME AS ABOVE	
4. Date of incorporation/qualification:		06/01/2025	01/2025 Document number: N050	
	I street address of the curtiment of State: (If resign		nt and registered office on	file with the
	c/o Guardian Associatio	n Managment		
	10000 SW 52nd Ave - L	Links Clubhouse		2025
	GAINESVILLE, FL 320			
6. The name and (if changed):	d street address of the ne		(if changed) and /or registe	ered office
	Bosshardt Property Mar	nagement		2:
	5522 NW 43rd Street			ထ
	Gainesville, FL 33487	P.O. Box. N	OT acceptable	
The street address changed will	ess of its registered offi- be identical.	ce and the street ad	dress of the business offi	ce of its registered agent,
		tion duly adopted better has been notif	y its board of directors or ied in writing of the chan	t by an officer so ge.
Dam	William A	チ	Garry Gr	
I hereby accept I further agree of my duties, an document is bei	the appointment or use	rsions of all statute of accept the obliga ct a change in the i	Printed or typed na agree to act in this capact is relative to the proper a ation of my position as reg registered office address.	
Bana	Dany Kriffin J 06/25/2025			(025
Signing on be	chalf of an entity:		Date	
1	yped or Printed Name			

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