## N07000007554

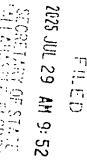
(Requestor's Name)
(Address)
(Address)
(1.00.000)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(accommon)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700455215347

07/29/25--01036--003 \*\*35.00



DATE: ASSOCIATION: INVOICE# GL CODE:	06.30.2025 Oxford Terrace II 62025 07440							
CHECK 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								
DUE DATE								
APPROVED BY								

f ,

## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT:							
Name of Corporation	1						
DOCUMENT NUN	IBER:	N07000007554					
The enclosed Statem	ent of Change of Regist	tered Office/Agent and fee are submitted for filing.					
Please return all corr	espondence concerning	this matter to the following:					
Garry Griffin							
Name of Contact Per	son						
Bosshardt Property Ma	anagement						
Firm/Company							
5522 NW 43rd St							
Address							
Gainesville, FL 32653							
City/State and Zip C	ode	<del></del>					
	customerses	ervice@bosshardtcam.com					
E-mail address: (to	be used for future and	nual report notification)					
`		•					
For further informati	on concerning this matte	ter, please call:					
	Garry Griffin	352 240-2713					
	•	at ( 352 ) 240-2713 Area Code & Daytime Telephone Num					
Name	e of Contact Person	Area Code & Daytime Telephone Nun					

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	inge is submitted for a c	corporation organize	607.1508, or 617.1508, Flowed under the laws of the Stated agent, or both, in the State	e of Florida
1. The name of	the corporation:	OXFORD TERRACI	E II CONDOMINIUM ASSO	CIATION, INC.
	office address:	55	22 NW 43rd Street	
			inesville, FL 32653	
3. The mailing a	address (if different):	SAN	ME AS ABOVE	
4. Date of incorporation/qualification		06/01/2025	Document number:	N07000007554
	I street address of the cr rtment of State: (If resig		nt and registered office on fi	le with the
	c/o Guardian Associatio	on Managment		
	10000 SW 52nd Ave -	Links Clubhouse		
	GAINESVILLE, FL 32	608		
6. The name and (if changed):	d street address of the ne	ew registered agent (	(if changed) and /or registere	1
	Bosshardt Property Ma	nagement		100 A
	5522 NW 43rd Street			AH 9:
	Gainesville, FL 33487	P.O. Box N	OT acceptable	· 52
The street address changed will	ess of its registered off be identical,	ice and the street ad	dress of the business office	of its registered agent,
•		tion duly adopted b	y its board of directors or b ied in writing of the change	y an officer so
Han	n Krilkin 1	<b>4</b>	Garry Griff	in
Signatu	r of an office of director		Printed or typed name	
I furthér agrée : of my duties, an docúment is bei	the appointment as re- to comply with the pro- id I am familiar with a ing filed merely to refle s been notified in writi	visions of all statute nd accept the obliga rct a change in the r	igree to act in this capacity is relative to the proper and tion of my position as registed address, I have address, I have a second to the contract of the co	i complete performance stered agent. Or, if this hereby confirm that the
Harr	. Millia	<b>4</b>	06/25/202	15
Sig	n ture of Reginered Agent	<del>-</del>	Date	
If signing on be	half of an entity:			
—————	yped or Printed Name	<u> </u>		

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