## NOSOOOOAA

(Re	equestor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nam	e)
(D	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	Office Use Only	v



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SECULIARY OF STATE

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## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

SUBJECT: Midway 200 Center Condominium Owners Association, Inc.

Name of Corporation

DOCUMENT NUMBER: NO9000006949

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:

Roy T. Boyd III

Name of Contact Person

Boyd Real Estate Group

Firm/Company

1720 SE 16th Ave., Building 200

Address

Ocala, FL 34471

City/State and Zip Code

tboyd@boydrealestategroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon Oliver

.352

387-2370

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: Midway 200 Center Condominium Owners Association, Inc.	2
2. The principal office address: 1720 SE 16th Avenue, Building 200, Ocala, FL 34471	_
	_
3. The mailing address (if different): SAME	
4. Date of incorporation/qualification: 7/13/2009 Document number: N09000006949	_
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)	
Roy T. Boyd III	
1720 SE 16th Avenue, Building 200	
Ocala, FL 34471	
Ocala, FL 344/1  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Chris Armstrong  1415 SW 17th Street	
Chris Armstrong	1
1415 SW 17th Street	
P.O. Box NOT acceptable	
Ocala, FL 34474	
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.	
Roy T. Boyd, Manager	
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.	
Signature of Registered Agent Date	
If signing on behalf of an entity:	
Chris Armstrong	
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 323 4

CR2E045 (03/12)