

N09972

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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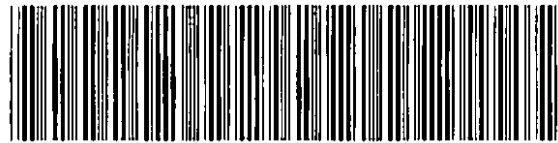
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: DOCTORS CONDOMINIUM ASSOCIATION, INC
Name of Corporation

DOCUMENT NUMBER: N09972

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-B NW 43rd St

Address

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

Name of Contact Person

at (352)

240-2713

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

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: DOCTORS CONDOMINIUM ASSOCIATION, INC
 2. The principal office address: 5522-B NW 43rd St, Gainesville, FL 32653

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/01/2024 Document number: N09972

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)

CHRISTOPHER ROBERT ASHLEY, MD

6440 W NEWBERRY RD, STE 507

GAINESVILLE, FL 32605

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

BOSSHARDT PROPERTY MANAGEMENT

5522-B NW 43RD STREET

P.O. Box NOT acceptable

GAINESVILLE, FL 32653

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.

Garry Griffin
 Signature of an officer or director

Garry Griffin
 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 Griffin
 Signature of Registered Agent

9-17-24
 Date

If signing on behalf of an entity:

Garry 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 (04/13)