

N14000000 482

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(Business Entity Name)

(Document Number)

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MAY 15 2019  
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2019 MAY - 6 PM 12:52

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11:00 AM

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: CAMPFIELD COMMONS OWNERS ASSOCIATION INC  
Name of Corporation

DOCUMENT NUMBER: N14000000482

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:

John M Joyce

Name of Contact Person

Campfield Commons Owners Association inc

Firm/Company

4337 Pablo Oaks Ct Suite 102

Address

Jacksonville, FL

City/State and Zip Code

john@joycedevelopmentgroup.com

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

For further information concerning this matter, please call:

Joseph Livingston

Name of Contact Person

at ( 904 ) 636-5680

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: Campfield Commons Owners Association Inc
2. The principal office address: 2245 St Johns Ave  
Jacksonville, FL 32204
3. The mailing address (if different): 4337 Pablo Oaks Ct Suite 102  
Jacksonville, FL 32224
4. Date of incorporation/qualification: 01/14/2014 Document number: N14000000482
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)
- RAX Co  
50 N Laura St Suite 3300  
Jacksonville, FL 32202
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Joseph A Livingston  
3854 San Jose Park Drive  
Jacksonville, FL 32217
- P.O. Box NOT acceptable
- 2018 MAY - 6 P 12:58  
FILED  
CLERK OF COURT  
JACKSONVILLE, FL

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.

Signature of an officer or director

John M Joyce, Director

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.

Signature of Registered Agent

9/29/19 \_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)