N14000000 482

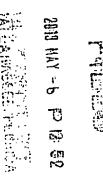
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400328411794

US/US/19--0103/--80/ *+35.00



MAY 1 5 0000 TO 1 FOR TODAY

COVER LETTER

TO: Amendment Section Division of Corporations CAMPFIELD COMMONS OWNERS ASSOCIATION INC Name of Corporation 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 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 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

statement of cha	provisions of sections 607,0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of FLORIDA to change its registered office or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: Campfield Commons Owners Association Inc
2. The principal	office address: 2245 St Johns Ave
	ddress (if different): 4337 Pablo Oaks Ct Suite 102
4. Date of incorp	poration/qualification: 01/14/2014 Document number: N1400000482
5. The name and	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)
	RAX Co
	50 N Laura St Suite 3300
	Jacksonville, FI 32202
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office
	Joseph A Livingston
	3854 San Jose Park Drive
	Jacksonville, FL 32217
as changed will	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change.
Jes	L'M. Jay John M Joyce, Director
I hereby occept I further agree performance of	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change
If signing on be	chalf of an entity:
	yped 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