

NIS 00004376

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6382

From:

Account Name : SPI AGENT SOLUTIONS, INC.
Account Number : 120230000143
Phone : (888)314-3998
Fax Number : (518)514-1288

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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DIVISION OF CORPORATIONS

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TALLAHASSEE, FL

REGISTERED AGENT CHANGE

MEDICAL VILLAGE MAITLAND CONDOMINIUM ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Corporate Filing Menu

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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: MEDICAL VILLAGE MAITLAND CONDOMINIUM ASSOCIATION, INC.
 2. The principal office address: c/o Physicians Realty L.P. 309 N. Water Street Suite 700 Milwaukee, WI 53202

3. The mailing address (if different): _____
 4. Date of incorporation/qualification: 04/29/2015 Document number: N15000004376
 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)

UNIVERSAL REGISTERED AGENTS, INC.

1317 CALIFORNIA ST.

TALLAHASSEE, FL 32304

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

SPI AGENT SOLUTIONS, INC.

1540 GLENWAY DR

P.O. Box NOT acceptable

TALLAHASSEE, FL 32301

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.

Jim T. Thomas

Signature of an officer or director

John T. Thomas

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.

Julianne L. Bass

Signature of Registered Agent

10/5/2023

Date

If signing on behalf of an entity:

Julianne L. Bass

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)

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