

N29898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

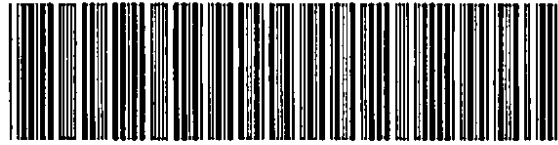
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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JUL 31 2017

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: WINDY HILLS FARMS OWNERSHIP ASSOCIATION, INC  
Name of Corporation

DOCUMENT NUMBER: N29898

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:

Brian S. Kramer

Name of Contact Person

Firm/Company

12216 N.W. 56th Ave

Address

Gainesville, FL

City/State and Zip Code

kramerb@sao8.org

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

For further information concerning this matter, please call:

Brian S. Kramer

Name of Contact Person

at (352) 577-4370

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

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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: WINDY HILLS FARMS OWNERSHIP ASSOCIATION, INC
2. The principal office address: P.O. Box 352922  
Gainesville Fl
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 5-1-1995 Document number: \_\_\_\_\_
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)

Chris G. Meyer

12515 NW 56th Ave

Gainesville Florida, 32653

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

Brian S. Kramer

120 West Univeristy Ave

P.O. Box NOT acceptable

Gainesville Florida 32601

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 of the corporation has been notified in writing of the change.

Brian S. Kramer  
Signature of an officer or director

Brian S. Kramer

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.*

Brian S. Kramer  
Signature of Registered Agent

Brian S. Kramer

Date

If signing on behalf of an entity:

Brian S. Kramer  
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

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