

N94000004087

(Requestor's Name)
(Address)
(Addless)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special manucions to 7 imig Officer.

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11/21/24--01007--018 **35.00

2024 NOV 21 PM 4: 25

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	LL OWNERS ASSOCIATION, INC.
Name of Corporation DOCUMENT NUMBER:	N9400004087
The enclosed Statement of Change of	Registered Office/Agent and fee are submitted for filing.
Please return all correspondence con	erning 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 fut	ure annual report notification)
For further information concerning the	nis matter, please call:
Garry Griffin	at (352)240-2713 Area Code & Daytime Telephone Numl
Name of Contact Pers	on Area Code & Daytime Telephone Num

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for	a corporation o	organizea	97.1508, or 617.1504 under the laws of th agent, or both, in th	ne State of Flor	rida		
1. The name of t	he corporation: SP	RINGHILL OW	/NERS AS	SSOCIATION, INC.				
	•	522-B NW 43rd	Street, Ga	inesville, FL 32653				
3. The mailing a	ddress (if different):							
4. Date of incorporation/qualification: 06/01/2024 Document number:					r:N940000	N94000004087		
5. The name and		e current registe	ered agen	and registered offic				
	SLPA, Inc				(A)	2(
	201 NE 1ST AVEN	UE			TALL	2024 NOV 2	'n	
	DELRAY BEACH,						-	
6. The name and (if changed):	I street address of th	c new registered	d agent (i	changed) and /or re	gistered of the	<u>P</u>		
	BOSSHARDT PROPER	TY MANAGEMENT,	LLC	<u></u>		6		
	5522-B NW 43rd St	treet						
			O. Box NO	T acceptable				
	Gainesville, FL 326		· 		.			
				ress of the business			agent,	
Such change wa	as authorized by res ne board, or the corp	olution duly ad poration has be	lopted by en notific	its board of director d in writing of the o	rs or by an offic change.	er so		
Garry Griffi			•	Garry Griffin				
-	re of an officer or director		_	-•	ed name and title			
I further agree to of my duties, an document is hei	the appointment as to comply with the p d I am familiar with ng filed merely to r s been notified in wi	provisions of all hand accept the effect a change riting of this ch	ll statutes e obligat e in the re	ree to act in this ca relative to the prop ion of my position a gistered office addr	pacity. per and completes registered age ess, I hereby co	eperform ont. Or, nfirm th	mance if this at the	
If signing on be	half of an entity:							
Garry Griffin								
	yped or Printed Name							

* * * FILING FEE: \$35.00 * * *