

797000005057

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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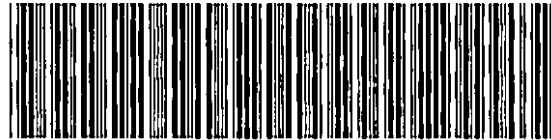
(Business Entity Name)

(Document Number)

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DEC 22 2017

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Marion Medical Park Property Owners' Association, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000005057

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:

Victoria Morrison

Name of Contact Person

Bricks & Mortar Property Management

Firm/Company

520 E. Fort King St. Unit A-2

Address

Ocala, FL 34471

City/State and Zip Code

vicky@bamocala.com

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

For further information concerning this matter, please call:

Victoria Morrison

Name of Contact Person

at (352) 362-8888

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: Marion Medical Park Property Owners' Association

2. The principal office address: 1040 SW 2nd Ave, Ocala, FL 34474

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 09/05/1997 Document number: N97000005057

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)

EHLERS, HENRY

2100 SE 17 STREET, SUITE 802

OCALA, FL 34471

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

VICTORIA MORRISON

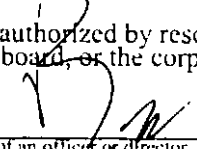
520 E FORT KING ST, UNIT A-2

P.O. Box NOT acceptable

OCALA, FL 34471

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

RAMABHADRAN VASUDEVAN

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

12/11/2017

Date

If signing on behalf of an entity:

VICTORIA MORRISON

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)