

N99 000003026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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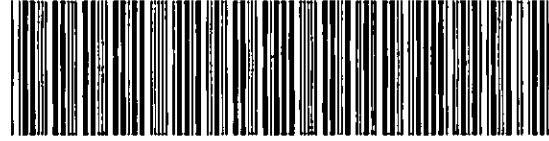
(Business Entity Name)

(Document Number)

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A. Butler  
9/1/21

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Meadowfield Owners Association, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** N99000003026

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:

Sheree S. Williams  
Name of Contact Person  
First Coast Association Management, LLC  
Firm/Company  
11555 Central Parkway Suite 801  
Address  
Jacksonville, FL 32224  
City/State and Zip Code  
swilliams@firstcoastam.com

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

For further information concerning this matter, please call:

Sheree Williams at (904) 998-5365 x222  
Name of Contact Person 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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Meadowfield Owners Association, Inc.  
2. The principal office address: 11555 Central Parkway Suite 801  
Jacksonville, FL 32224

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 05/13/1999 Document number: N99000003026

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)  
Galphin Real Este Services CAM, Inc.  
1880 S. 14th Street Suite 103  
Fernandina Beach, FL 32034

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  
First Coast Association Management, LLC  
11555 Central Parkway Suite 801  
Jacksonville, FL 32224  
P.O. Box NOT acceptable

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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.

T. Miranda Cox  
Signature of an officer or director

T. Miranda Cox, President  
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]  
Signature of Registered Agent

8-24-2021  
Date

If signing on behalf of an entity:  
Sherce S. Williams  
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)