## N9900003026

| (Requ                        | estor's Name)  | 1                                     |
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|                              |                |                                       |
| (City/S                      | tate/Zip/Phon  | e #)                                  |
| PICK-UP                      | ☐ WAIT         | MAIL                                  |
|                              |                | _                                     |
| (Busin                       | ess Entity Nar | me)                                   |
| <b>\_</b>                    |                |                                       |
| (Docur                       | ment Number)   | · · · · · · · · · · · · · · · · · · · |
| 1-                           | ,              |                                       |
| Certified Copies             | Certificate:   | s of Status                           |
| ·                            |                |                                       |
|                              |                | 1                                     |
| Special Instructions to Fili | ng Officer;    |                                       |
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Office Use Only



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ATT VALUESES LEGISION

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S. PRATHER

## **COVER LETTER**

TO:

| TO: Amendmer<br>Division of | nt Section<br>Corporations   |   |
|-----------------------------|--|---|
|                             | ,  |   |
| SUBJECT: Mendov             | wheld Owners Association, I  | ne.   |
| Name of Corporation         | on   |   |
| DOCUMENT NUM                | MBER: N99000003026   |   |
| The enclosed Staten         | nent of Change of Register   | red Office/Agent and fee are submitted for filing.    |
| Please return all cor-      | respondence concerning th  | his matter to the following:                          |
| JoAnne McComick             |  |   |
| Name of Contact Per         | rson   | <del></del>   |
| GCAM of Amelia, Inc         | <b>^</b>   |   |
| Firm/Company                |  |   |
| 1880 South 14th Stree       | t Suite 103  |   |
| Address                     | ·····  |   |
| Fernandina Beach, FL        | 32034  |   |
| City/State and Zip Ci       | ode  |   |
| ·                           | joanne@galphincam.com  |   |
| E-mail address: (to         | be used for future annua   | () report notification                                |
|                             | The state of the s | arreport notification)                                |
| For further information     | on concerning this matter,   | please call:  |
| JoAnne McComick             |  | . 904-277-659.  |
| Name                        | of Contact Person  | at (904-277-659) Area Code & Daytime Telephone Number |
|                             |  |   |
| Enclosed is a \$35.00 (     | check made payable to the  | Department of State.                                  |
| Mailing                     | Address:<br>nent Section   | Street Address:                                       |
| Amendr                      | nent Section   | Amendment Section                                     |

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/(3)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| Suit ment ty                          | he provisions of sections 607.0502, 617.0502, 607.15<br>change is submitted for a corporation organized unde  | r the laws of the Consent Floris   | da                                       |  |
|---------------------------------------|---|--|--|--|
| in or                                 | der to change its registered office or registered agen  | , or both, in the State of Florid  | da.                                      |  |
| 1. The name of                        | of the corporation: Meadowfield Owners Association, I   | ne.  |  |  |
| 2. The princip                        | al office address: C/O GCAM of Amelia, Inc. 1380 Soc  | th 14th Street Suite 103, FB, FL   | . 32034                                  |  |
| 3. The mailing                        | address (if different):   |  |  |  |
| 4. Date of inco                       | Pate of incorporation/qualification: 05/13/99 Document number: N99000003026   |  |  |  |
| o. The name a                         | nd street address of the current registered agent and re<br>artment of State: (If resigned, enter resigned)   | gistered office on file with the   |  |  |
|                                       | Lambiase, Nicholas, It  |  |  |  |
|                                       | 5440 First Coast Highway  |  |  |  |
|                                       | Amelia Island, FL 32034-2347  |  | VIII. 1- 385                             |  |
| 6. The name an (if changed):          | d street address of the new registered agent (if change<br>GCAM of Amelia, Inc.   | ed) and /or registered office  |  |  |
|                                       | 1880 South 14th Street Suite 103  |  | F. 33                                    |  |
|                                       | P.O. Box NOT acceptab   |  |  |  |
|                                       | Fernandina Beach, FL 32034  |  |  |  |
| The street address changed will       | ess of its registered office and the street address of the identical.   | he business office of its regis  | tered agent,                             |  |
| Such change was<br>authorized by th   | is authorized by resolution duly adopted by its boar<br>se board, or the corporation has been notified in wri   | d of directors or by an officer<br>ting of the change.   | <b>′ 50</b>                              |  |
| Shawn Mcbi                            | urney Shawn Me  |  |  |  |
|                                       | t of an officer or director   | Printed or typed name and title  |  |  |
| Of my duties, and<br>document is held | the appointment as registered agent and agree to a<br>o comply with the provisions of all statutes relative<br>I I am familiar with and accept the obligation of m<br>ny filed merely to reflect a change in the registered<br>been notified in writing of this change. | ct in this capacity,<br>to the proper and complete p<br>position as registered agent<br>office address, I hereby confi | erformance<br>Or, if this<br>rm that the |  |
| Ali-11                                | 1'C-C   |  |  |  |
| Size  If signing on beh               | nalf of an entity:  | Date   | <del></del> -                            |  |
| Jo Anne McCorm                        |   |  |  |  |
|                                       | red or Printed Name   |  |  |  |

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