

PO3 000081140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

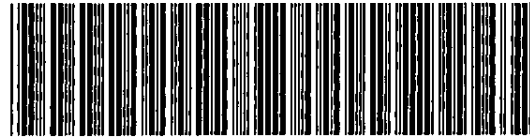
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000220373290

02/06/12--01039--003 *\$35.00

FILED
12 FEB - 6 AM 8:59
FBI - NEW YORK

RA Change
02-08-12
DC

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: CROSSROAD REALTY OF MARION COUNTY, INC.
Name of Corporation

DOCUMENT NUMBER: P0300008/140

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:

Linda McPherson

Name of Contact Person

CROSSROAD REALTY

Same

Firm/Company

(OLD) 2945 NE 3rd St. #101

(NEW) 3143 NE 14 St.

Address

Ocala, FL 34420

Ocala, FL 34420

Ocala, FL 34420

City/State and Zip Code

Linda mcpherson@yahoo.com

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

For further information concerning this matter, please call:

Linda McPherson

Name of Contact Person

at (352) 572-0435

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: CROSSROAD REALTY OF MARION COUNTY, INC.
2. The principal office address: NEW 3143 NE 14 St. NEW 2945 NE 3rd St.
Ocala, FL 34470 Ocala, FL
OLD

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 7/23/2003 Document number: P03000081140

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)

LINDA McPherson
OLD ADDRESS 2945 NE 3rd St. #101
Ocala, FL 34470

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

LINDA McPherson
3143 NE 14 St.
P.O. Box NOT acceptable
Ocala, FL 34470

FILED
12 FEB -6 AM 8:59

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.

Linda McPherson
Signature of an officer or director

LINDA McPherson
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.

Linda McPherson
Signature of Registered Agent

2/2/2012
Date

If signing on behalf of an entity:

LINDA McPherson
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 (8/05)