

N05000006704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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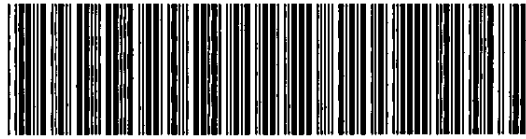
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

The Oaks Business Center Condominium

SUBJECT: OWNERS ASSOCIATION, INC.  
Name of Corporation

DOCUMENT NUMBER: \_\_\_\_\_

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:

Mike Johnson

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

150 Hidden Road STE 300

\_\_\_\_\_  
Address

Ponte Vedra, FL 32081

\_\_\_\_\_  
City/State and Zip Code

Mike @ signaldynamics.com

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

For further information concerning this matter, please call:

Mike Johnson

\_\_\_\_\_  
Name of Contact Person

at ( 904 ) 342-4008

\_\_\_\_\_  
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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Oaks Business Center Condominium Owners Association, INC.
- 2. The principal office address: 150 Hilden Road STE 300  
Ponte Vedra FL 32081
- 3. The mailing address (if different): SAME
- 4. Date of incorporation/qualification: 6-28-2005 Document number: N05000006704

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)  
Property Management Partners & Associates, Inc.  
12058 San Jose Blvd. STE 904  
Jacksonville FL, 32223

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

Mike Johnson  
150 Hilden Road STE 300  
P.O. Box NOT acceptable  
Ponte Vedra FL 32081

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TALLAHASSEE, FL 32310

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.

Mike Johnson Signature of an officer or director      Mike Johnson Pres 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.*

Mike Johnson Signature of Registered Agent      12-8-2015 Date

If signing on behalf of an entity:  
Mike Johnson  
Typed or Printed Name

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