## AU6000000034

(Requestor's Name)				
(Address)				
(Address)				
(Notices)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
• ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special instructions to Fining Officer.				
	ļ			
	ŀ			

Office Use Only



000353089640

10/15/20--01018--013 \*\*35.00

S TALLENT NOV 1 9 2920

2020 OCT 15 PH 3: 22

RIPILIK



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: October 13, 2020

Order#: 453477/017

Re: SIESTA LAGO CONDOMINIUMS, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX \_\_ Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

I	O CONDOMINIUMS, L.P.		<del></del>
	Name of Limited Partnership	or Limited Liability Limited Part	·
2. 01/06/2006		3. A06000000034  Florida document number	
Date of fi	ling/registration in Florida	Florida document number	
4. The name of th Department of Sta		stered office address as shown on	the records of the Florida
	REGISTERED AGENT	SOLUTIONS, INC.	
	<del></del>	Name	_
	155 OFFICE PLAZA D	R STE A	
		Address	_
	TALLAHASSEE, FL 32	301	262
	City	y, State and Zip	100
5. The name and	Florida street address of the no	w registered agent and/or office:	2020 OCT 15
	Corporation Service Co	ompany	
	Name		PII
	1201 Hays Street		ယ္
	Florida street addr	22	
	Tallahassee	FL_32301	
	City	y, State and Zip	
6. Such change(s)	is/are effective when filed by	the Florida Department of State.	
Signature of Jene	P. Comi	Jill Cilmi, Authorized Pers L.L.C., General Partner	son on Behalf of BH Lago Manageme
comply with the pi	rovisions of all statutes relativ	gent and agree to act in this capac e to the proper and complete perf e of my position as registered ager	formance of my duties,
	stered Agent Asst. Vice President of Corpora		

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00