

A 14312

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

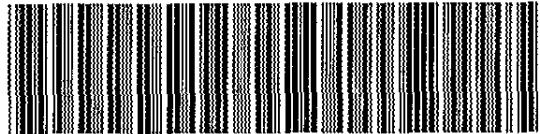
(Document Number)

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DIVISION OF CORPORATION
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02 DEC 10 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CT CORPORATION

CORPORATION(S) NAME

PALM PLACE APARTMENTS, LTD.

02 DEC 10 PM 2:23
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

☐ Profit	☐ Amendment	☐ Merger
☐ Nonprofit		
☐ Foreign	☐ Dissolution/Withdrawal	☐ Mark
	☐ Reinstatement	
☐ Limited Partnership	☐ Annual Report	☐ Other
☐ LLC	☐ Name Registration	☒ Change of RA
	☐ Fictitious Name	☐ UCC
☐ Certified Copy	☐ Photocopies	☐ CUS
☐ Call When Ready	☐ Call If Problem	☐ After 4:30
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W.P. Verifier _____		Amount: \$ _____

660 East Jefferson Street
 Tallahassee, FL 32301
 Tel. 850 222 1092
 Fax 850 222 7615

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED
OFFICE OR REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Florida, submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Palm Place Apartments, Ltd.
Name of the limited partnership
2. 04/08/1983 3. A14312
Date of filing/registration in Florida Document number assigned
4. The name and address of the present registered agent and office:
Lexis Document Services, Inc.
3953 W.W. Kelley Road
Tallahassee FL 32311
5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)
C T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
Plantation, Florida 33324

Such change was authorized by the general partners.

Paul Foreman
Signature of General Partner

12-3-02
Date

Lexford GP LLC Attorney in fact
Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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.

[Signature]
Registered Agent signature
Lexford M. Eastman
Assistant Secretary

12/3/02
Date

Filing Fee: \$35.00

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHSE004(3/95)