

A 17 000 000 326

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

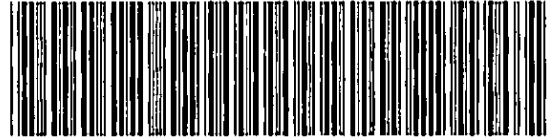
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SECRETARY OF STATE
TALLAHASSEE, FL

JQ 09/14/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chandler Real Estate Partners XV LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A1700000326

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alice Rowcliffe
Contact Person
Chandler Residential, Inc.
Firm/Company
11719-B Jefferson Ave., Ste. 103
Address
Newport News, VA 23606
City, State and Zip Code
arowcliffe@chanres.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice Rowcliffe at (757) 873-4225
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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.

1. Chandler Real Estate Partners XV LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 7/17/2017 3. A17000000326
Date of filing/registration in Florida Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Paul C. Jost
Name
1500 Ocean Dr, Unit 1105
Address
Miami Beach FL 33139
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Paul C. Jost
Name
354 NE 5th St
Florida street address (P.O. Box not acceptable)
Boca Raton FL 33432
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Paul C. Jost, Manager of GP
Signature of General Partner

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 obligations of my position as registered agent.

Paul C. Jost
Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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SECRETARY OF STATE
TALLAHASSEE, FL