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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Chase Heritage Partners LP			
Name of Limited Partnership	or Limited Liability Limited Partnership		
DOCUMENT NUMBER: A180000002			
The enclosed Statement of Change of Regist fee(s) are submitted for filing.	tered Office and/or Registered Agent and		
Please return all correspondence concerning	this matter to:		
Alice Roweliffe			
Contact Person			
Chandler Residential, Inc.			
Firm/Company			
11719-B Jefferson Ave., Ste. 103			
Address			
Newport News, VA 23606			
City, State and Zip Code			
arowcliffe@ehanres.com			
E-mail address: (to be used for future annual rep	port notification)		
For further information concerning this matte	er, please call:		
Alice Rowcliffe	at (757 873-4225		
Name of Contact Person	at (757 873-4225 Area Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to	the Florida Department of State.		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The Centre of Tallahassee		
Tallahassee, FL 32314 2415 N. Monroe Street, St			
	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.

'· <u></u>	Heritage Partners LP	imited Liability Limited Partnershi	
2 6/06/20	•	3. A1800000231	
<u> </u>	ng/registration in Florida	Florida document number	
4. The name of the Department of State		d office address as shown on the re	cords of the Florida
	Paul C. Jost		
	N'	ame	
	1500 Ocean Dr, Uni	t 1105	
		dress	
	Miami Beach FL 33	139	
	City, Sta	ite and Zip	
5. The name and Flo	orida street address of the new re	gistered agent and/or office:	202 SE
	Paul C. Jost	g	
		ame	LAA E
	354 NE 5th St		24 PHII ARY OF S
		P.O. Box not acceptable)	SE PR
	Boca Raton	FL 33432	1020 JUL 24 PMI2: 03 SECRETARY OF STATE TALLAHASSEE. FL
		ite and Zip	L/IE 03
6 Such changes is	s/are effective when filed by the l	·	
O. Mich change(s) is	·	·	
Signature of General	Marya 16	<u> </u>	
inglimate of Octobera	i i di dici		
		and agree to act in this capacity. I he proper and complete performan	
	th an accept the obligations of n		ee ty mir tamen,
Pal	i fr		
Signature of Registe	red agent	-	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50