## A18517

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DIVISION OF CURPORATION

## **CT** CORPORATION

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CORPORATION(S) NAME	SEURETART OF STATE TALLAHASSEE, FLORID	
FOREST GLEN APARTMET	NTS, LTD	
() Profit	() Amendment	() Merger
() Nonprofit	()1211011111111	()
() Foreign	() Dissolution/Withdrawal	() Mark
	() Reinstatement	
() Limited Partnership	() Annual Report	() Other
()LLC	() Name Registration	Change of RA
	() Fictitious Name	() UCC
() Certified Copy	() Photocopies	()CUS
( ) (C-11 W/L D 4	( ) C-11 ICD11	() After 4:30
() Call When Ready (x) Walk In	() Call If Problem () Will Wait	(x) Pick Up
() Mail Out	() will wait	(x) I lek Op
( ) Mail Out		
Name	12/10/02	Order#: 5737706
Availability		_
Document	JN	
Examiner	·	Ref#:
Updater		•
Verifier	- 	
W.P. Verifier	<del>_</del> .	Amount: \$

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

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED D OFFICE OR REGISTERED AGENT, OR BOTH 02 DEC 10 PM 1: 34

SEURLIANY OF STATE TALLAHASSEE, FLORIDA

TALLAHASSEE,
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.
I torrad.
I Forest Glen Apartments, Ltd.  Name of the limited partnership
Name of the immed partnership
2. 12/12/1984 3. A18517
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.
$\Omega \cap \Omega = \Omega$
Signature of General Partner  Date
Signature of General Partner  Date  Alkerney in Vact
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
proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.
$\mathcal{D} \subset \mathcal{D}_{-} (\mathcal{L})$
10/3/D-
Christine Megistered Agent signature  Date  Date

Filing Fee: \$35.00

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

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