

# A28957

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

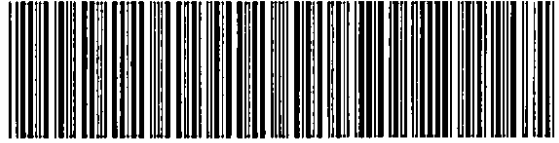
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bella Vista Apts., Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A28957

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:

Karen Seligman  
Contact Person  
Dimension One Management, Inc.  
Firm/Company  
7865 Southside Blvd.  
Address  
Jacksonville, Fl. 32256  
City, State and Zip Code  
Sherylw@d1mgt.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Seligman at (904) 642-1759  
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. Bella Vista Apts, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/17/2021 Date of filing/registration in Florida  
3. A28957 Florida document number

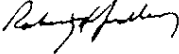
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Magalski, Barbara  
Name  
613 South 12th Street  
Address  
Leesburg, Fl. 34748  
City, State and Zip

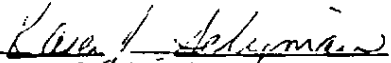
5. The name and Florida street address of the new registered agent and/or office:

Karen Seligman  
Name  
7865 Southside Blvd.  
Florida street address (P.O. Box not acceptable)  
Jacksonville FL 32256  
City, State and Zip

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

  
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.*

  
Signature of Registered Agent

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

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