B9700000033

(Re	questor's Name)					
(Address)						
(Address)						
(Cit	y/State/Zip/Phone	e #)				
<u>_</u>	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						

Office Use Only



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09/16/16--01036--010 **35.00

SEP 16 MILLS

SEP 2 0 2016

Y SULKER



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: September 14, 2016

Order#: 279460-004

Re: ALLIED DISTRICT PROPERTIES, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Grace Kirby

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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	ALLIED DISTRICT			
Nan	ne of Limited Partnership or Lir	nited Liability Li	mited Partnership	
2. 1	/22/1997	3.	B9700000003	33
Date of filing/registration in Florida			iber	
4. The name of the reg Department of State:	gistered agent and the registered	office address as	shown on the records	of the Florida
	LEXIS DOCUMEN	T SERVICES IN	IC.	
•	Nai	me		
	1201 HAYS	SSTREET		
•	Add			
TALLAHASSEE, FL 32301				
	City, State	e and Zip		-
5. The name and Flori	da street address of the new reg	istered agent and	/or office:	SEP 1
	Corporation Ser	rvice Compai	пу	्रह्म र
•	Na	····	<u>.</u>	
	1201 Hay	s Street		
•	Florida street address (P		ptable)	
	Tallahassee	FL	32301	
•	City, State	e and Zip		
Cathy	re effective when filed by the F	•		Properties Coup. GENEMI PARTHER
Signature of General P	allies CATHY GREEN D	NO COMIT OF		
comply with the provis	pointment as registered agent a sions of all statutes relative to the an accept the obligations of my on Service Company	nd agree to act ir ne proper and cor	this capacity. I furthe aplete performance of i	r agree to
Elizabeth	A. Dawson, AVID			
Filing Fee:	, \$35.00			

Certified Copy (optional): \$52.50

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1	ALLIED DISTRICT			<u> </u>
Name	of Limited Partnership or Lin	mited Liability Lis	mited Partnership	
2. 1/2	22/1997	3.	B970000000	33
<u> </u>			Florida document nu	mber
4. The name of the regis Department of State:	tered agent and the registered	office address as	shown on the record	s of the Florida
	LEXIS DOCUMEN	T SERVICES IN	C.	
	Name			
	1201 HAYS	STREET		
_	Add	ress		
TALLAHASSEE, FL 32301				
_	City, State	e and Zip		
5. The name and Florida	street address of the new reg	istered agent and/	or office:	SEF SEF
	Corporation Ser	vice Compan	У	
	Nar	ne		
	1201 Hays Street			
 -	Florida street address (P.		table)	
	Tallahassee	FL	32301	\$ 6
	City, State	and Zip		
6. Such change(s) is/are	effective when filed by the Fl	orida Department	of State.	
Cather	The or			Paracetion Coup.
Signature of General Part	ner CATHY GREEN OF	s behalf of 1	MITED DISTRICT	Perpention Coup. Controller
comply with the provision and I am familiar with an	ntment as registered agent and a so of all statutes relative to the accept the obligations of my Service Company	nd agree to act in . e proper and com	this capacity. I furth plete performance of	er agree to
Signature of Registered A	gent			
Elizabeth A.	Dawson, AVP			
Filing Fee:	\$35.00			
Certified Copy (opti	onal): \$52.50			