A01000000126

Requester's Name

Address

City/State/Zip Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. ADDISON PARK LIMITED PARTNERSHIP
(Corporation Name) (Document #)

2. A01-126
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

Please Return Evidence By Regular Mail to:
Gary Sherman
CONTINENTAL CORPORATE SERVICES, INC.
189 FRANKLIN AVENUE, SUITE 1
NUTLEY, NJ 07110
PHONE: 800-300-5067
FAX: 973-542-0313
Thank you.

- ☐ Certified Copy
- ☐ Certificate of Status

IENTS

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dment *****35.00 *****35.00
nation of R.A., Officer/Director
ge of Registered Agent
lution/Withdrawal
er

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT 29 PM 3:51

RATION/QUALIFICATION

- ☐ Annual Report
- ☐ Fictitious Name
- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

CR2E031(7/97)

Examiner's Initials

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

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.

1. Addison Park Limited Partnership
Name of the limited partnership

2. 1/16/01
Date of filing/registration in Florida

3. A01000000126
Document number assigned

4. The name and address of the present registered agent and office:

C T Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

5. The name and street address of the successor registered agent and office: (P.O. Box **not** acceptable)

NRAI Services, Inc.
526 E. Park Avenue
Tallahassee, FL 32301

FILED
01 OCT 29 PM 3:52
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DIVISION OF CORPORATIONS

Such change was authorized by the general partners.

Addison Park Apartments, Inc.
Ellyn Baron
Signature of General Partner

October 3, 2001
Date

By: Ellyn Baron, Assistant Secretary

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 position as registered agent.

For National Registered Agents, Inc.

Registered Agent signature
Gary Sherman, Asst. Secretary

10/3/01
Date

Filing Fee: $35.00

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

INHSE004(3/95)