

**A0100001262**  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT CHANGE  
VDC - MATTHEW RIDGE, LTD.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

2017 JUN -8 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 09 2017  
J. HARRIS

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VDC - MATTHEW RIDGE, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A01000001262

The enclosed Statement of Change of Registered Office and/or Registered Agent and  
fcc(s) are submitted for filing.

Please return all correspondence concerning this matter to:

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person

at ( 904 ) \_\_\_\_\_  
Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

INHS04 (01/06)

**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. VDC - MATTHEW RIDGE, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/18/2001 3. A01000001262  
Date of filing/registration in Florida 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:

Vestcor, Inc.  
Name  
3030 HARTLEY ROAD, SUITE 310  
Address  
JACKSONVILLE, FL 32257  
City, State and Zip

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

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)  
Plantation, FL 33324  
City, State and Zip

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

Please See Attached

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.*

Joe Villeda  
Signature of Registered Agent Assistant Secretary

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

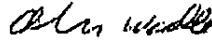
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TALLAHASSEE FLORIDA

VDC-Matthew Ridge, Ltd.

By: Alden GP-Texas, LLC, its general partner

By: Mackinaw Holdings, LLC, its sole member

By: Alden Affordable Holdings, LLC, its sole member

By: 

Name: Allison Wadla

Title: Executive Vice President and Secretary

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