

10/26/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A020000273

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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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
MERIDIAN WEST, LTD.**

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

2017 OCT 27 AM 9:03

TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MeridianWest,Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A02000000273

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:

KenayaCamacho
Contact Person
AldenTorchFinancial
Firm/Company
122517thStreet,STE1400
Address
Denver,Colorado80202
City, State and Zip Code
kenaya.camacho@aldentorch.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at ()
Name of Contact Person 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. MeridianWest, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/01/2002 3. A000000273
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:

Roth, Jeffrey
Name
866 South Dixie Highway
Address
Coral Gables, FL 33146
City, State and Zip

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

CT 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

Please See Attached

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.

Angel Shearer Angel Shearer, Assistant Secretary
Signature of Registered Agent

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

10/26/17 1:35 PM

Meridian West, Ltd.

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

By: Alden Affordable Holdings, LLC, its sole member

By: *Alison Wadle*

Name: Alison Wadle

Title: Executive Vice President and Secretary

2017-10-26 15:40:20