## A03634

Justus Rental Property Management, Inc.  1398 North Shadeland Ave. P.O. Box 19409 Indianapolis, Indiana 46219  (Address)	000029271500			
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)	92.772.95 6 <b>1</b> 144 U.S. **35.181			
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:  3A MA MAMM	. <b>M.M</b>			
003134	04 H13 -2 PN			

Office Use Only

## 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 submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Astoria Arms Apartm						
	Name of the limited	partnership				
2. March 30, 1973  Date of filing/registration in Flori		.03634 Document number	racuinned			
Date of thing/registration in Fiori	ua	Document number	assigned			
4. The name of the registered agent Department of State:	and the registered offi	ce address as shown	on the recor	ds of the	e Florid	a
Department of State.	Walter G. Just	us				
	Name					
	2800 E. Sunris	e Blvd., Apt.	#19F			
	Address		<del></del>			
	Ft. Lauderdale	, FL 33304				
	City, State and	Zip	_	1-1	-	
	·			<del>-</del>		,
5. The name and address of the nev	v registered agent and/c	or office:			1	
or the hame and decrees of the net				,	10	
	Aqueelah Goode	n-Porter		. **	PH	:
	Name			,	<u></u>	
	2350 Wanda Way			722	ų: 36	
Flor	ida street address (P.O. Bo				9	
та	llahassee, FL	32303		No.		
	City, State and					
6. Such change(s) was/were author		-				
		: <del>-</del>				
(4) acts of	- Justins.	=				
Signature of General Partner						
I hereby accept the appointment as r	egistered agent and agr	ee to act in this capac	itv. I furthe	r agree	to comp	ılν
with the provisions of all statutes r	elative to the proper a	nd complete perform	ance of my	duties,	and I a	m
familiar with and accept the obligation merely to reflect a change in the re	ions of my position as r	<b>eg</b> istered agent. Or, I hereby confirm the	if this docum it the limite.	nent is v A partne	reing jui ershin h	ea as
been notified in writing of this change		A leavely confirm me		a parint	into m	

Make checks payable to Florida Department of State and mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 Filing Fee: \$35,00