

A050000000072

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CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 100040 8039546

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : October 31, 2023

ORDER TIME : 10:30 AM

ORDER NO. : 100040-020

CUSTOMER NO: 8039546

CHANGE OF AGENT

NAME: GULF BREEZE APARTMENTS
PARTNERS, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Elyliena Baker -- EXT#

EXAMINER: _____

**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. GULF BREEZE APARTMENTS PARTNERS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/06/2005

Date of filing/registration in Florida

3. A05000000072

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:

MCDONOUGH, BRIAN JESQ

Name

MUSEUM TOWER 150 W. FLAGLER ST., SUITE 2200

Address

MIAMI, FL 33130

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301

City, State and Zip

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

Jill E. Cilmi
Signature of General Partner

Jill Cilmi, Vice President on behalf of
NORSTAR GULF BREEZE, INC., 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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby
Asst. Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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