

# ABS 0000563

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 : (614)280-3338  
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 HILLTOP RESIDENTIAL, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

T. CLINE

JAN - 7 2019

EXAMINER

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**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. HILLTOP RESIDENTIAL, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/18/2005 3. A05000000563  
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:

REGISTERED AGENT SOLUTIONS, INC.  
Name  
155 OFFICE PLAZA DR. SUITE A  
Address  
TALLAHASSEE, FL 32301  
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.

  
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 an accept the obligations of my position as registered agent.*

  
Signature of Registered Agent **Peter F. Souza**  
**Assistant Secretary**

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

2019 JAN -6 AM 8:44  
FILED  
TALLAHASSEE, FLORIDA  
DEPT OF STATE