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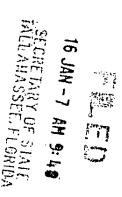
(Requestor's Name)					
(Address)					
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(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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JAN 08 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Pine Forest Ltd. Name of Limited Partnership or Limited Liability Limited Partnership					
	A05804				
The enclosed Statement of Change of I fee(s) are submitted for filing.	Registered Office and/or Registered Agent and				
Please return all correspondence conce	erning this matter to:				
April Cliche					
Contact Person					
Pine Forest Ltd.	·				
Firm/Company					
3111 Paces Mill Rd. Ste	e. A-250				
Address					
Atlanta, GA 3033	9				
City, State and Zip Cod	de				
acliche@hallmark	kco.com				
E-mail address: (to be used for future ann	nual report notification)				
For further information concerning this	s matter, please call:				
April Cliche	at (770) 984-2100x118				
Name of Contact Person	Area Code and Daytime Telephone Number				
Enclosed is a \$35.00 check made payar	ble to the Florida Department of State.				
STREET ADDRESS:	MAILING ADDRESS:				
Registration Section	Registration Section				
Division of Corporations	Division of Corporations				
Clifton Building	P. O. Box 6327				
2661 Executive Center Circle	Tallahassee, FL 32314				
TulianacePP El 4/4III					

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	Pine For	rest Ltd.			
N	ame of Limited Partnership or Lim	ited Liability L	imited Partner	ship	
2	06/28/1977	3.	A0	5804	
Date of filing/registration in Florida			Florida document number		
4. The name of the r Department of State:	egistered agent and the registered of	office address a	s shown on the	e records of the Florida	
	Susan A	dams			
	Nam	ne		•	
	4040 West Newberry	Road, Suit	e 950B		
	Addre	ess		三型组工	
	Gainesville,	FL 32607		5.0	
	City, State	and Zip			
5. The name and Flo	orida street address of the new regis	stered agent and	Vor office:	7.08Y 1.88E	
	The Hallmark Co	mpanies, Ir	nc.		
	Nam	ie		STATE LORI	
	4040 West Newberry	Road, Suite	e 950B	20 4	
	Florida street address (P.O.	D. Box not acce	ptable)	>	
	Gainesville,	FL	32607		
	City, State	and Zip		,	
Signature of General	Partner ppointment as registered agent and	·		I further agree to	
comply with the prov	isions of all statutes relative to the	proper and con	nplete perform	ance of my duties,	
Signature of Register	th an accept the obligations of my p	osition as regi:	stered agent.		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50