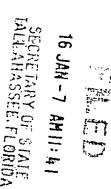
AOL558





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JAN 08 2016 J SHIVERS

COVER LETTER

	egistration Section vivision of Corporations						
SUBJECT: Rain Tree Apartments, Ltd.							
	Name of Limited Partners						
DOCUMENT NUMBER:			A06558				
	osed Statement of Change of Resubmitted for filing.	gistered Of	ffice an	d/or Registered Agent and			
Please re	turn all correspondence concerni	ing this ma	itter to:				
	April Cliche			_			
	Contact Person						
	Rain Tree Apartments, I	Ltd.					
	Firm/Company		•	_			
	3111 Paces Mill Rd. Ste.	A-250		_			
	Address						
	Atlanta, GA 30339						
	City, State and Zip Code			_			
	acliche@hallmarkco	o.com					
E-ma	il address: (to be used for future annua	l report notif	ication)				
For furth	er information concerning this n	natter, plea	se call:				
	April Cliche	at (770	984-2100x118			
N	lame of Contact Person	Are	a Code a	and Daytime Telephone Number			
Enclosed	is a \$35.00 check made payable	to the Flo	rida De	epartment of State.			
STREET ADDRESS:			MAII	LING ADDRESS:			
Registration Section				ration Section			
Division			on of Corporations				
Clifton B			Box 6327				
	ecutive Center Circle		Tallah	assee, FL 32314			
Tallahass	see, FL 32301						

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	Rain Tree Apa					
Na	ame of Limited Partnership or Limit	ed Liability I	Limited Partnership			
-·	06/05/1978		A06558	A06558		
Date of filing	g/registration in Florida		Florida document nu	ımber		
4. The name of the re Department of State:	egistered agent and the registered of	fice address	as shown on the record	ls of the Florida		
	Susan Ad	lams				
	Name					
	4040 West Newberry	Road, Sui	te 950B			
	Addres	s				
	Gainesville, F	L 32607		**********		
	City, State as	nd Zip		ASE =		
5. The name and Flo	rida street address of the new registe	ered agent an	d/or office:	CRE		
	The Hallmark Cor	npanies, I	nc.	7.7.4. 7.7.4. 7.8.4.		
	Name			7		
	4040 West Newberry F	Road, Suit	te 950B			
	Florida street address (P.O.	Box not acc	eptable)	200 21.8 7 : 1		
	Gainesville,	FI	32607			
	City, State and	nd Zip		خ رم		
6. Such change(s) is/	are effective when filed by the Flori	da Departme	ent of State.			
Signature of General	Partner					
comply with the provi	opointment as registered agent and a sions of all statutes relative to the p h an accept the obligations of my po	roper and co	mplete performance of	ier agree to f my duties,		
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50