

A07000 000 821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

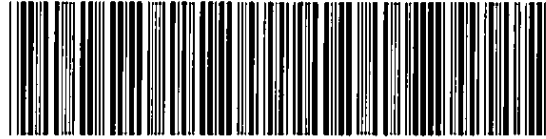
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ARROW REALTY HOLDINGS LP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A07000000821

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

LYNNE M MILLER

Contact Person

REALTY MANAGEMENT CONSULTANTS INC

Firm/Company

4811 S 76TH ST #211

Address

GREENFIELD, WI 53220

City, State and Zip Code

LMILLER@RMC-INC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNNE M MILLER

at (414) 281-6000

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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. ARROW REALTY HOLDINGS LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 2/11/2020

Date of filing/registration in Florida

3. A07000000821

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:

SUSAN L RIORDAN

Name

9754 BENT GRASS BEND

Address

NAPLES, FL 34108

City, State and Zip

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

REALTY MANAGEMENT CONSULTANTS INC

Name

2780 E FOWLER AVE #2004

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

TAMPA FL 33612

City, State and Zip

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

Lynne M. Miller for Brookshaw Partners  
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 and accept the obligations of my position as registered agent.*

Lynne M. Miller  
Signature of Registered Agent

Filing Fee: **\$35.00**

Certified Copy (optional): **\$52.50**

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STATE OF FLORIDA  
TAMPA