

A0700000 1020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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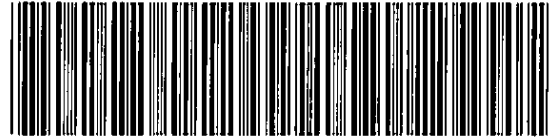
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARROW REALTY HOLDINGS II LP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000001020

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 IILP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 2/11/2020 3. A07000001020
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:

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 Boardman Partner
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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ATTORNEY GENERAL