

# A08977

## ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2016133  
(Sub Account)

DATE: 11-16-99

REQUESTOR NAME: LEXIS

ADDRESS: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) (\_\_\_\_ - \_\_\_\_ ) ext (\_\_\_\_)

CONTACT NAME: \_\_\_\_\_

CORPORATION NAME: A 08977 **BK**

DOCUMENT NUMBER: \_\_\_\_\_  
(if applicable)

AUTHORIZATION: C. Woodruff

900003045799--9

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready      ( ) Call if Problem      ( ) After 4:30
- Walk In                      ( ) Will Wait                      ( ) Pick Up
- Mail Out

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
99 NOV 16 AM 9:37

RECEIVED  
99 NOV 16 AM 11:24  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 NOV 16 AM 9:37

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. COUNTRYSIDE APARTMENTS, LTD.  
Name of the limited partnership

2. 06/06/1980 Date of filing/registration in Florida 3. A08977 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM  
Name  
1200 S. PINE ISLAND RD.  
Address  
PLANTATION, FL 33324  
City, State and Zip

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

LEXIS DOCUMENT SERVICES INC  
Name  
3953 WW KELLY ROAD  
Florida street address (P.O. Box not acceptable)  
TALLAHASSEE, FL 32311  
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Lisa Currie  
Signature of General Partner Lexford GP, L.L.C.

*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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.*

Rebecca Heisk  
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314  
Filing Fee: \$35.00