A10059

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
·					

Office Use Only



600255297976

01/17/14--01028--009 **35.00

2014 JAN 17 PN 1:02

JAN 2 2 2013 T. HAMPTON



CSC - WILMINGTON Suite 400 2711 Centerville Road Wilmington De 19808 800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 15, 2014

Order#: 956986/181

Re: GARDEN TERRACE APARTMENTS II, LTD.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Evelyn Wright c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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		GARDEN TERRACE APARTMENTS II, LTD.			
	Name of Limited Partnership of	Limited Liability Lir	mited Partners	ship	
2	02/11/1981	3.	A10	0059	
	Date of filing/registration in Florida	ng/registration in Florida Florida		da document number	
	name of the registered agent and the registment of State:	ered office address as	shown on the	records of the Florida	
	C T Corp.	oration System			
		Name			
	1200 South	Pine Islad Road	k		
		Address			
	Plantation, FL	33324			
	City,	State and Zip	•	_, _,	
5. The	name and Florida street address of the new	registered agent and/	or office:	SECTALL	
	Corporation	Service Compan	ıy		
	N	Name		SS 7	
	1201 I	Hays Street		7	
	Florida street addres	s (P.O. Box not accep	table)	77 C3	
	Tallahasse	e FL	32301	E ONLE	
	City,	State and Zip		32	
6 Such	change(s) is/are effective when filed by the	e Florida Denartment	of State		
0. Gata	change(s) is are effective when they by it	ie i fortda Department	or suic.		
Signatu	re of General Partner				
Dona Pr I hereby comply	riebe, Authorized Person on behalf of Emp o accept the appointment as registered age with the provisions of all statutes relative in In familiar with an accept the obligations of	nt and agree to act in to the proper and com	this capacity. plete perform	I further agree to	
	Corporation Service Company was Lithou	my position as regist	iereu ugeni.		
	re of Registered Agent				
•	E. Kirby, Assistant VP				
Filing	Fee: \$35.00				
Certifi	ied Copy (optional): \$52.50				