A16724

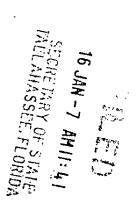
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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JAN 08 2016 J SHIVERS

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: Southern	Villas of Madison, Ltd. ip or Limited Liability Limited Partnership		
Name of Limited Partnershi	ip or Limited Liability Limited Partnership		
DOCUMENT NUMBER:A10728			
The enclosed Statement of Change of Regifee(s) are submitted for filing.	istered Office and/or Registered Agent and		
Please return all correspondence concernin	ig this matter to:		
April Cliche			
Contact Person			
Southern Villas of Madison,	, Ltd.		
Firm/Company			
3111 Paces Mill Rd. Ste. A-	-250		
Address			
Atlanta, GA 30339			
City, State and Zip Code			
acliche@hallmarkco.	com		
E-mail address: (to be used for future annual r	report notification)		
For further information concerning this ma	itter, please call:		
April Cliche	at (770) 984-2100x118		
Name of Contact Person	Area Code and Daytime Telephone Number		
Enclosed is a \$35.00 check made payable t	to the Florida Department of State.		
STREET ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building	P. O. Box 6327		
2661 Executive Center Circle	Tallahassee, FL 32314		
Tallahassee, 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	Southern Villas	s of Madiso	on, Ltd.	
	Name of Limited Partnership or L	imited Liability	Limited Partnership	
2	06/26/1981	3	A1072	28
Date of fili	ng/registration in Florida		Florida document number	
4. The name of the Department of State	registered agent and the registere	d office address	as shown on the rec	ords of the Florida
	Susan	Adams		
	N	ame		
	4040 West Newber		ite 950B	
	Ad	dress		
		e, FL 32607		
	City, Sta	ite and Zip		A to
5. The name and Fl	orida street address of the new re	gistered agent a	nd/or office:	ECR ELA
	The Hallmark (Companies,	Inc.	A A
		ame		<u>-</u> 7
	4040 West Newber	ry Road, Su	ite 950B	
	Florida street address (P.O. Box not acc	ceptable)	
	Gainesville,	F	L 32607	
	City, Sta	te and Zip		
6. Such change(s) is	s/are effective when filed by the I	Florida Departm	ent of State.	
1000	- 110-t-	•		
Signature of Genera	I Partner	-		
comply with the pro	appointment as registered agent of visions of all statutes relative to to the ith an accept the obligations of m	he proper and c	omplete performanc	
	Meter	_		
Signature of Registe	acu Agent			

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50