

A10869

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 10869  
\_\_\_\_\_  
\_\_\_\_\_

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

AUTHORIZATION: C. Woodruff

300003045923--1

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

- |   |  |                                     |
|---|--|-------------------------------------|
| <input checked="" type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In         | <input type="checkbox"/> Will Wait       | <input type="checkbox"/> Pick Up    |
| <input type="checkbox"/> Mail Out                   |  |                                     |

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
99 NOV 16 PM 3:21

RECEIVED  
99 NOV 16 AM 11:14  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

BK  
4/10/99

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

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. SHADOWOOD APARTMENTS, LTD.

Name of the limited partnership

2. 07/23/1981

Date of filing/registration in Florida

3.

A10869

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 Cume

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 Hersch Apple

Signature of Registered Agent

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
69 NOV 16 PM 3:21