

12/23/21, 9:10 AM

Division of Corporations

A11000000898

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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REGISTERED AGENT CHANGE

FAIRFIELD MANOR, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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 TALLAHASSEE, FLORIDA

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**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. FAIRFIELD MANOR, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/01/2011 3. A11000000898
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.

Leon, David F
Name

390 N ORANGE AVENUE SUITE 1400
Address

ORLANDO, FL 32801
City, State and Zip

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

C T Corporation System
Name

1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324
City, State and Zip

DocuSigned by: Renee Sandell effective when filed by the Florida Department of State.
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.

Denise Bell
Signature of Registered Agent

Denise Bell, Asst Secy

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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