

A12768

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: A12768

DOCUMENT NUMBER:  
(if applicable)

AUTHORIZATION:

C. Woodruff BK 17

- ☐ 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 1:58

RECEIVED  
99 NOV 16 AM 11:15  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

300003045883--7

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 NOV 16 PM 1:58

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. MORNINGSIDE APARTMENTS II, LTD.

Name of the limited partnership

2. 06/29/1982

Date of filing/registration in Florida

3. A12768

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

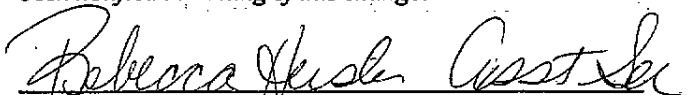
6. Such change(s) was/were authorized by the general partners.



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.*



Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

Filing Fee: \$35.00