

A13000000626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

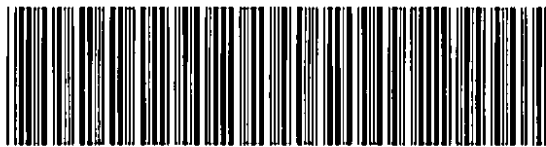
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2009 AUG -9 AM 11:26
DIRECTOR'S OFFICE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 920729 8408630

AUTHORIZATION :

COST LIMIT : \$135.00

ORDER DATE : August 4, 2023

ORDER TIME : 9:10 AM

ORDER NO. : 920729-045

CUSTOMER NO: 8408630

CHANGE OF AGENT

NAME: AUBURN HILLS REALTY, LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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. AUBURN HILLS REALTY, LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/10/2013

Date of filing/registration in Florida

3. A13000000626

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:

WIDEMAN, EDMUND C, III

Name

333 S. GARLAND AVENUE, SUITE 1300

Address

ORLANDO, FL 32801

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

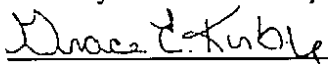
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Edmund C Wideman III, Authorized Person on behalf of
AUBURN HILLS MANAGEMENT, LLC. GENERAL PARTNER


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.



Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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