## A13000000784

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Littly Name)					
(Document Number)					
Certified Copies Certificates of Status					
7					
Special Instructions to Filing Officer:					
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Office Use Only



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## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DOCUMENT NUMBER  **PLEASE FILE THE ATTACHED AND RETURN**  XXXXXX  Plain Copy  Certified Copy  Certificate of Status	
**PLEASE FILE THE ATTACHED AND RETURN**  XXXXXX  Plain Copy Cortified Copy	
**PLEASE FILE THE ATTACHED AND RETURN**  XXXXXX  Plain Copy Cortified Copy	
XXXXXX Plain Copy Cortified Copy	
Cortified Copy	
Certified Copy Certificate of Status	
Certificate of Status	
	i] 
**PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	i) J
Certified Copy of Arts & Amendments	
Certificate of Good Standing	
**APOSTILLE' / NOTARIAL CERTIFICATION**	
COUNTRY OF DESTINATION	
NUMBER OF CERTIFICATES REQUESTED	
TOTAL OWED \$35.00 ACCOUNT #: I20160000072	
S R FM	
Please call Tina at the above number for any issues or concerns. Thank you so much!	

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SHR	IFCT: HALLANDALE LAND VENT	URES, LLLP				
SUD	JECT: HALLANDALE LAND VENTS  Name of Limited Partne	rship or Limited Liabili	ty Limited Partnersh	ip		
DOC	CUMENT NUMBER: A1300000078	4				
	enclosed Statement of Change of R ) are submitted for filing.	egistered Office and	d/or Registered A	gent and		
Pleas	e return all correspondence concer	rning this matter to:				
Amy l	Purdy					
	Contact Person		-			
Single	eFile Technologies, Inc.		5 2			
	Firm/Company		_	E-31	· 43 TJ	
113 C	Therry St			( ) ( ) ( )	, vanet	
	Address		<del>-</del>	, P2		
Seattle	e, WA 98104			PX 12: 22		
	City, State and Zip Code	<del></del>	-	<u>i</u>		
legal@	@integrafl.com			7.7	<b>)</b>	
<u> </u>	E-mail address: (to be used for future annu	ual report notification)				
For fi	urther information concerning this	matter, please call:				
Amy l	Purdy	at (	800-391-9869			
	Name of Contact Person	Area Code as	) 800-391-9869 nd Daytime Telephor	ne Number		
Enclo	osed is a \$35.00 check made payab	le to the Florida De	partment of State			
	ing Address:		Address:			
_	stration Section		ration Section			
	sion of Corporations		on of Corporation			
	O. Box 6327 The Centre of Tallahassee allahassee. FL 32314 2415 N. Monroe Street, Suite 810					
1 alla	hassee, FL 32314	v. Monroe Street,	Suite 910			

Tallahassee, FL 32303

## 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.

change its registere	ed office or registered agent, or	both, in the state of Florida.				
<sub>1.</sub> HALLAN	DALE LAND VE	NTURES, LLLP				
N	ame of Limited Partnership or Li	mited Liability Limited Partnership				
2.12/26/201	3	3.A13000000784	4			
Date of filin	g/registration in Florida	Florida document no				
4. The name of the r Department of State:	egistered agent and the registered	office address as shown on the record	ls of the Florida			
	BCRA,LLC					
	Na	me				
LYNN FINANCIAL CENTER, 1905 NW CORPORATE BLVD, SUITE 310						
Address						
	Boca Raton, FL 3	3431	2025			
	City. Stat	e and Zip	925 JEN 24			
5. The name and Florida street address of the new registered agent and/or office:						
	REGISTERED A	GENTS INC				
	Na	me	) <u>15</u> 5 H			
	7901 4th St N, St	e 300	2: 22			
	Florida street address (P	.O. Box not acceptable)	11, 10			
	St. Petersburg	<sub>FL</sub> 33702				
	City, State					
6. Such change(s) is/	are effective when filed by the Fl	orida Department of State.				
Craig Thompson						
Signature of General	Partner					
to comply with the p	rovisions of all statutes r <mark>elative</mark>	and agree to act in this capacity. I fu to the proper and complete perform as of my position as registered agent.	rther agree ance of my			

Filing Fee: \$35.00 Certified Copy (optional): \$52.50

David Roberta David Roberts, Assistant Secretary Signature of Registered Agent