A13670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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02/12/14--01020--001 **10.00

01/17/14--01023--014 **25.00

FILED
14 FEB 12 PM 12:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 12 2014

T. BROWN

CORPORATION SERVICE COMPANY®

CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Evelyn Wright

Date: January 15, 2014

Order#: 956986/320

Re: SHADOW RIDGE APARTMENTS, LTD.

Enclosed please find:

XX ___ Change of Registered Agent and Office.
XX ___ Check in the amount of $35.00.

Please take the following action:

XX ___ File in your office on a routine basis.
XX ___ Issue Proof of Filing.
XX ___ Return Regular Mail in the enclosed envelope.

Attn:Evelyn Wright
c/o Corporation Service Company
2711 Centerville Road, Suite 400
Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 24, 2014

ATTN: EVELYN WRIGHT
C/O CORPORATION SERVICE COMPANY
2711 CENTERVILLE RD STE 400
WILMINGTON, DE 19808

SUBJECT: SHADOW RIDGE APARTMENTS, LTD.
Ref. Number: A13670

We have received your document for SHADOW RIDGE APARTMENTS, LTD. and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of $10.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 614A00001695

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. SHADOW RIDGE APARTMENTS, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/27/1982
Date of filing/registration in Florida

3. A13670
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:

C T Corporation System
Name

1200 South Pine Islad Road
Address

Plantation, FL 33324
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

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

Signature of General Partner

Dona Priebe, Authorized Person on behalf of Empirian Lexford GP New 7 LLC, its 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 an accept the obligations of my position as registered agent.

Corporation Service Company

By: Grace E. Kirby

Signature of Registered Agent

Grace E. Kirby, Assistant VP

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