## A17972

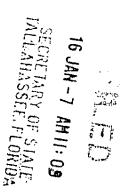
| (Re                                     | equestor's Name    | )            |  |  |  |
|---|--------------------|--------------|--|--|--|
| (Address)                               |                    |              |  |  |  |
| (A                                      | ddress)            |              |  |  |  |
| (C                                      | ity/State/Zip/Phor | ne #)        |  |  |  |
| PICK-UP                                 | <b></b> ₩AIT       | MAIL         |  |  |  |
| (B                                      | usiness Entity Na  | ime)         |  |  |  |
| (Document Number)                       |                    |              |  |  |  |
| Certified Copies                        | Certificate        | es of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |              |  |  |  |
|   |                    |              |  |  |  |
|   |                    | ·            |  |  |  |
|   |                    |              |  |  |  |
|   |                    |              |  |  |  |

Office Use Only



200280060782

01/07/16--01019--004 \*\*35.00



JAN 08 2016 J SHIVERS

## **COVER LETTER**

| TO:                  | Registration Section Division of Corporations             |  |  |  |
|----------------------|---|--|--|--|
| SUBJ                 | Peace River Knoll Ltd.                                    |  |  |  |
|                      |   | nership or Limited Liability Limited Partnership |  |  |
| DOCUMENT NUMBER:     |   | A13972   |  |  |
|                      | enclosed Statement of Change of are submitted for filing. | Registered Office and/or Registered Agent and    |  |  |
| Please               | e return all correspondence conce                         | erning this matter to:                           |  |  |
|                      | April Cliche  |  |  |  |
|                      | Contact Person  |  |  |  |
|                      | Peace River Knoll   | Ltd.   |  |  |
|                      | Firm/Company  | - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1          |  |  |
|                      | 3111 Paces Mill Rd. Ste                                   | e. A-250   |  |  |
|                      | Address   |  |  |  |
|                      | Atlanta, GA 3033  | 19   |  |  |
|                      | City, State and Zip Coo                                   |  |  |  |
|                      | acliche@hallmarl  |  |  |  |
| E                    | E-mail address: (to be used for future an                 |  |  |  |
| For fu               | orther information concerning thi                         | s matter, please call:                           |  |  |
|                      | April Cliche  | at ( 770 ) 984-2100x118                          |  |  |
|                      | Name of Contact Person                                    | Area Code and Daytime Telephone Number           |  |  |
| Enclo                | sed is a \$35.00 check made paya                          | ble to the Florida Department of State.          |  |  |
| STRE                 | EET ADDRESS:  | MAILING ADDRESS:                                 |  |  |
| Registration Section |   | Registration Section                             |  |  |
|                      | ion of Corporations                                       | Division of Corporations                         |  |  |
|                      | n Building  | P. O. Box 6327                                   |  |  |
|                      | Executive Center Circle                                   | Tallahassee, FL 32314                            |  |  |
| Tallal               | nassee, FL 32301  |  |  |  |

## 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   | Peace River Knoll Ltd.   |                   |                       |                   |  |  |  |
|---|--|-------------------|-----------------------|-------------------|--|--|--|
| Na  | ame of Limited Partnership or Lir  | nited Liability L | imited Partnership    |                   |  |  |  |
| 2   | 02/07/1983   | 3.                | A13972                |                   |  |  |  |
| Date of filing/registration in Florida        |  |                   | Florida document no   |                   |  |  |  |
| 4. The name of the re<br>Department of State: | egistered agent and the registered   | office address a  | s shown on the record | ls of the Florida |  |  |  |
|   | Susan /  | Adams             |                       |                   |  |  |  |
| Name  |  |                   |                       |                   |  |  |  |
|   | 4040 West Newberr  | y Road, Suit      | te 950B               |                   |  |  |  |
|   | Addı   | ress              |                       |                   |  |  |  |
|   | Gainesville  |                   |                       | <b>3</b>          |  |  |  |
|   | City, State  | e and Zip         |                       | - E. C 6          |  |  |  |
| 5. The name and Flor                          | rida street address of the new reg   | istered agent and | d/or office:          | RETAR<br>AHASS    |  |  |  |
|   | The Hallmark C   | ompanies, Ir      | nc.                   | -7<br>SSI<br>SSI  |  |  |  |
|   | Nar  | ne                |                       | Fig. ≥            |  |  |  |
|   | 4040 West Newberry   | y Road, Suite     | e 950B                | F S               |  |  |  |
|   | Florida street address (P.   | O. Box not acce   | eptable)              | . O               |  |  |  |
|   | Gainesville,   | FL                | , 32607               |                   |  |  |  |
|   | City, State  | and Zip           |                       |                   |  |  |  |
| 6. Such change(s) is/                         | are effective when filed by the Fl   | orida Departmer   | nt of State.          |                   |  |  |  |
| Signature of General                          | Partner  |                   |                       |                   |  |  |  |
| comply with the provi                         | opointment as registered agent an<br>isions of all statutes relative to the<br>h an accept the obligations of my | e proper and coi  | mplete performance oj |                   |  |  |  |
| Signature of Registere                        | ed Agent   |                   |                       |                   |  |  |  |
| Filing Fee:                                   | \$35.00  |                   |                       |                   |  |  |  |

Certified Copy (optional): \$52.50