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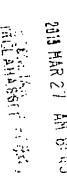
(Requestor's N	ame)
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PICK-UP WA	IT MAIL
(Business Entit	y Name)
(Document Nu	mber)
Certified Copies Certif	icates of Status
Special Instructions to Filing Office	er;





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APR O 6 2019



CSC - WILMINGTON . 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: March 25, 2019

Order#: 682424/036

Re: NEW TRINITY TOWERS SOUTH PRESERVATION ASSOCIATES LLLP

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:Lindsey Baronie

c/o Corporation Service Company

251 Little Falls Drive

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

## 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.

I. NEW TRINITY TOW	ERS SOUTH P	RESERVA <sup>*</sup>	<b>MOIT</b>	ASSO	CIATES LLLP	
Name of Limit	ed Partnership or Lin	nited Liability	Limite	ed Partner	ship	
202/14/201	4	3. A140			00000095	
Date of filing/registration		Flo	rida docur	cument number		
4. The name of the registered age Department of State:	nt and the registered	office address	as sho	own on the	e records of the Flo	rid
REGIS	STERED AGEN	T SOLUTIO	ONS.	, INC		
	Nar	ne	•		in the second	1
155	155 OFFICE PLAZA DRIVE SUITE A					
	Addı	ess	·	<u></u>		٠.
TALLA	AHASSEE, FL 3	2301				
	City, State	and Zip			-	1
5. The name and Florida street ad	dress of the new regi	stered agent ar	nd/or c	office;		
(	Corporation Ser	<del></del>	any		-	
	Nan	ne				
	1201 Hay	s Street				
Flor	ida street address (P.	O. Box not acc	ceptab.	le)	-	
	Tallahassee	F	L	32301		
<del></del>	City, State	Fi and Zip			•	
6. Such change(s) is/are effective	when filed by the Flo	orida Departme	ent of	State.		
Sie E. Cioni	L					
Signature of General Partner						
Jill Cilmi, Vice President on behalf	of Preservation of A	ffordable Hous	sing, In	c., Genera	al Partner	
I hereby accept the appointment as	s registered agent an	d agree to act	in this	capacity	I further agree to	
comply with the provisions of all s and I am familiar with an accept to	latules relative to the	e proper and co	omplei	e perform	ance of my duties,	
Corporation Service	Company	position as reg	gistere	a ageni,		
By: I Ingra Cokink						
Signature of Registered Agent	-					
Grace E. Kirby, Asst. Vice	President					
Filing Fee: Certified Copy (optional):	\$35.00 \$52.50					