

A140 00000119

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
MAY 31 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVER CITY PLACE, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14000000119

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

STEPHEN BRIGGS

Contact Person

JAX I GP, INC.

Firm/Company

12 AMES CRESCENT

Address

AURORA, ONTARIO, CANADA, L4G 0C3

City, State and Zip Code

sbriggs@quantum-mgmt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHEN BRIGGS

Name of Contact Person

at (905)

841-3373

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 24, 2017

STEPHEN BRIGGS
JAX I GP, INC.
12 AMES CRESCENT
AURORA, ONTARIO, CAN L4G 0C3,

SUBJECT: RIVER CITY PLACE, LLLP
Ref. Number: A14000000119

We have received your document for RIVER CITY PLACE, LLLP, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$35.00.

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

Deborah Bruce
Regulatory Specialist II

Letter Number: 817A00010479

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. RIVER CITY PLACE, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/03/2014 3. A14000000119
Date of filing/registration in Florida 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:

HORIZON REALTY MANGEMENT
Name
7645 GATE PARKWAY, SUITE 202
Address
JACKSONVILLE, FL 32256
City, State and Zip

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

RENTAL PARTNERS
Name
2099 PARK STREET
Florida street address (P.O. Box not acceptable)
JACKSONVILLE FL 32204
City, State and Zip

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


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 an accept the obligations of my position as registered agent.


Signature of Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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