

A14152

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2016133
(Sub Account)

DATE: 11-16-99

REQUESTOR NAME: LEXIS

ADDRESS: _____

TELEPHONE: (____) (____-____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: A14152

DOCUMENT NUMBER: _____
(if applicable)

800003045848--5

AUTHORIZATION: C. Woodyard

- CERTIFIED COPY (1-9)
- CERTIFICATE OF STATUS (1-9)
- PLAIN STAMPED COPY

- Call When Ready
- Walk In
- Mail Out
- Call if Problem
- Will Wait

RECEIVED
 99 NOV 16 AM 11:30
 DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 99 NOV 16 PM 4:44

BK1

BK1

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
99 NOV 16 PM 4:44

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. NOVA GLEN APARTMENTS, LTD.
Name of the limited partnership

2. 03/15/1983 Date of filing/registration in Florida
3. A14152 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CT CORPORATION SYSTEM
Name
1200 S. PINE ISLAND RD.
Address
PLANTATION, FL 33324
City, State and Zip

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

LEXIS DOCUMENT SERVICES INC
Name
3953 WW KELLY ROAD
Florida street address (P.O. Box not acceptable)
TALLAHASSEE, FL 32311
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Lisa Currie
Signature of General Partner
Lexford GP, LLC

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 and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Rebecca Husler
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00