

A14152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

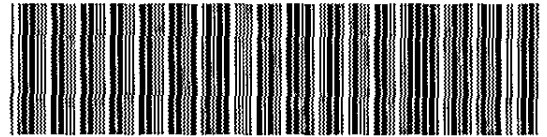
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12/11/02--01011--005 \*\*3675.00

RECEIVED  
02 DEC 10 PM 4:42  
DIVISION OF CORPORATION

FILED  
02 DEC 10 PM 4:50  
SECRETARY OF STATE  
DIVISION OF CORPORATION

JB  
12-11-02

**CT CORPORATION**

CORPORATION(S) NAME

NOVA GLEN APARTMENTS, LTD

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	<input checked="" type="checkbox"/> Change of RA
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	<input type="checkbox"/> After 4:30
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Name \_\_\_\_\_  
 Availability \_\_\_\_\_  
 Document \_\_\_\_\_  
 Examiner \_\_\_\_\_  
 Updater \_\_\_\_\_  
 Verifier \_\_\_\_\_  
 W.P. Verifier \_\_\_\_\_

12/10/02

JN

Order#: 5737706

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

SECRETARY OF STATE  
 TALLAHASSEE, FL 32301

02 DEC 10 PM 1:50

AND  
 FILED

660 East Jefferson Street  
 Tallahassee, FL 32301  
 Tel. 850 222 1092  
 Fax 850 222 7615

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

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership organized under the laws of the state of Florida, 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 3. A14152  
Date of filing/registration in Florida Document number assigned

4. The name and address of the present registered agent and office:

Lexis Document Services, Inc.  
3953 W.W. Kelley Road  
Tallahassee FL 32311

5. The name and street address of the successor registered agent and office: (P.O. Box not acceptable)

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

Such change was authorized by the general partners.

Paul Foreman 12-3-02  
Signature of General Partner Date

Lexford GP LLC Attorney in fact  
Having been named as registered agent and to accept service of process for the above stated limited partnership at the place designated in this certificate, 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 obligation of my position as registered agent.

Christine M. Eastwine 12/3/02  
Registered Agent signature Date  
Assistant Secretary

Filing Fee: \$35.00

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

INHSE004(3/95)