A14258

	(Requestor's Name)				
(Address)					
	(Address)				
	(City/State/Zip/Phone #)	<u></u>			
PICK-UF	P WAIT	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					
		:			

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01/07/16--01019--023 **35.00



JAN 08 2016 J SHIVERS

COVER LETTER

TO:	Registration Section				
	Division of Corporations				
SUBJ				mes, Ltd.	
	Name of Limited Partner	ship or Lim	ited Liabil	lity Limited Partnership	
DOCUMENT NUMBER:		A14258			
	nclosed Statement of Change of Reare submitted for filing.	egistered (Office an	nd/or Registered Agent and	
	_				
Please	e return all correspondence concern	ning this m	natter to:		
	A V OP-L				
	April Cliche Contact Person			_	
		- 124			
	Lake Wales Townhomes	s, Lta.	<u></u>	<u> </u>	
	Firm/Company				
	3111 Paces Mill Rd. Ste.	A-250		_	
	Address			 -	
	Atlanta, GA 30339				
	City, State and Zip Code				
	acliche@hallmarko	o com			
E	E-mail address: (to be used for future annu		ification)		
For fi	urther information concerning this i	matter, ple	ase call:	:	
	April Cliche	at (770	984-2100x118	
	Name of Contact Person	A	rea Code :	and Daytime Telephone Number	
Enclo	osed is a \$35.00 check made payabl	le to the F	lorida D	epartment of State.	
STRI	EET ADDRESS:		МАП	LING ADDRESS:	
Regis	stration Section		Registration Section		
	ion of Corporations	Division of Corporations			
	on Building			Box 6327	
	Executive Center Circle		Tallal	nassee, FL 32314	
Tallal	hassee, 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	Lake Wales Townhomes, Ltd.					
	Name of Limited Partnership or Lin	nited Liability I	Limited Partnership			
2.	04/01/1983	3	A14258			
Date of	Date of filing/registration in Florida		Florida document number			
4. The name of Department of S	the registered agent and the registered tate:	office address a	as shown on the records of the Florida			
	Susan A	\dams				
	Nan	Name				
	4040 West Newberr	y Road, Sui	ite 950B			
	Addr	ess				
	Gainesville,	Gainesville, FL 32607				
	City, State	and Zip				
5. The name and	d Florida street address of the new regi	stered agent an	Inc. AHASSEE, FLOR ite 950B centable) AN -7 AM II: 3			
	The Hallmark Co	ompanies, I	Inc. SER -			
	Nar	ne	Fig. R			
	4040 West Newberry	/ Road. Sui	ite 950B			
	Florida street address (P.		ceptable)			
	Gainesville,	FI	T. 32607			
	City, State		~_ 			
6. Such changed	(s) is/are effective when filed by the Fl	orida Departme	ent of State.			
comply with the	the appointment as registered agent ar provisions of all statutes relative to the with an accept the obligations of my gistered Agent	e proper and co	complete performance of my duties,			
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50