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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839

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Account#: I20000000088

Date:_	01/26/2021	
	Chris Vick	
	nce #:1317751	-
Entity N	Name: STAFFORD PLACE ASSO	CIATES LIMITED PARTNERSHIP
	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
•	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	ized Amount \$35.00	<del> </del>



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	01/26/2021	
	Chris Vick	_
	nce #:1317751	_
		CIATES LIMITED PARTNERSHIP
<i>,</i>	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
V	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori Signatu	zed Amount \$35.00	

## 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. STAFFOR	RD PLACE ASSOCIAT	ES_LIMI	TED PART	NERSHIP	
Nai	ne of Limited Partnership or Limite	d Liability L	imited Partnersh	iip	
	uary 27, 2015 /registration in Florida	3	A15000	000076 ent number	
J	gistered agent and the registered off	ice address a			
	GARCHICK, ST	EPHEN J			
	101 SE 4th /	Avenue	. <del></del>		Q.
	Address Delray Beach, F			<b>1821</b>	
	City, State ar			JAN 26 P 2: 14	
5. The name and Flor	ida street address of the new registe			26	IL TO
	COGENCY GLO	DBAL INC	·	T 70	C
	Name				
	115 North Calhour			REFERENCE	
	Florida street address (P.O.	Box not acce	eptable)	- ·	
	Tallahassee	FL	32301		
	City, State ar	nd Zip			
6. Such change(s) is/a	are effective when filed by the Flori	da Departme	nt of State.		
/s/ Stephen J Garci Signature of General I	nik; President on behalf of ST Partner	AFFORD PL	ACE CORPO	RATION; GP	
comply with the provi-	pointment as registered agent and a sions of all statutes relative to the p a an accept the obligations of my po	roper and co	mplete performa		
/s/ Tim Mayville; A	Assistant Secretary				
Signature of Registere	d Agent				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50