

A15000000343

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (950)617-6383

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP OF BOCA RATON
Account Number : 076576001555
Phone : (803)255-9617
Fax Number : (561)483-7321

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: sgarchik@sjmpartners.com

REGISTERED AGENT CHANGE
STAFFORD PLACE PRAXIS LIMITED PARTNERSHIP

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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FLORIDA DEPARTMENT OF STATE
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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. STAFFORD PLACE PRAXIS LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. MAY 28, 2015 3. A15000000343
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:

STEPHEN J. GARCHIK
Name
101 SE 4TH AVENUE
Address
DELRAY BEACH, FL 33483
City, State and Zip

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

BCRA, LLC
Name
1905 NW CORPORATE BLVD., SUITE 300
Florida street address (P.O. Box not acceptable)
BOCA RATON FL 33431
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
Affordable Housing Institute, Inc.

By: [Signature]
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 and accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

Filing Fee: \$35.00
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