A15000000396

(Re	equestor's Name)				
(Address)					
(Address)					
(Ci	ty/State/Zip/Phone	:#)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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2016 JUL 12 PM IZ: 51
SECNETARY OF STATE

K.SALY EXAMINER JUL 13



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: July 7, 2016

Order#: 198706/006

Re: CALVARY TOWERS, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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	CALVARY T	OWERS, L	.P		
Na	me of Limited Partnership or Lim	iited Liability Li	mited Partnership		
2.	06/22/2015		A15000000396		
Date of filing/registration in Florida			Florida document number		
4. The name of the re Department of State:	gistered agent and the registered	office address as	shown on the reco	rds of the Florida	
	National Corporate F	Research, Lt	d. Inc.		
Name					
1 2	115 North Calhoun St., Suite 4				
	Addro				
	Tallahassee	FL	32301	 >	
City, State and Zip					
5. The name and Flor	ida street address of the new regis	stered agent and/	or office:	AH.	
	Corporation Sen	vice Compan	ıy	AR SS	
	Nam	ie			
Name 1201 Hays Street Florida street address (P.O. Box not acceptable)					
Florida street address (P.O. Box not acceptable)					
,	Tallahassee	FL	32301		
	City, State				
6. Such change(s) is/a	re effectiye when filed by the Flo	rida Department	of State.		
Signature of General F	Matthey	v Orborne, Pre	sident on behalf		
Signature of General P	Partner By: Housing Preser	rvation, inc., i	ts General Partr	ier	
comply with the provis	pointment as registered agent and sions of all statutes relative to the an accept the obligations of my point Service Company	proper and com	plete performance		
	a Agent sistant Vice President				
•				·	
Filing Fee:	\$35.00				
Certified Copy (o	ptional): \$52.50				