Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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| | Division of Corpora | | | | \sim | |
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Electronic Filing Menu

Corporate Filing Menu

Help

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 | CENTURY PARK | APARTMEN | VTS, L | P | | |
|---|--|--------------------|----------|-------------------------|---|--|
| Name | of Limited Partnership or Li | mited Liabilit | y Limi | ted Partner | ship | |
| 10/19/2015 | | 3. | | A15000000670 | | |
| Date of filing/registration in Florida | | _ | FI | Florida document number | | |
| 4. The name of the regist Department of State: | tered agent and the registered | l office addres | ss as st | iown on the | erecords of the Florida | |
| | Leon, F | David F. | | | _ | |
| | me | | | | | |
| | 390 N ORANGE AVE | | | () | _ | |
| | Addres | | | | | |
| | ORLANDO, F | | | | _ | |
| | City, Stat | te and Zip | | | | |
| 5. The name and Florida | street address of the new reg | | and/or | office; | | |
| | | ntion System | | | | |
| | Na | ime | | | | |
| | 1200 South Pi | ne Island Roa | d | | . | |
| | Florida street address (P.O. | | | ble) | | |
| | Plantation, | te and Zip | FL | 33324 | _ | |
| | City, Stat | te and Zip | | | | |
| Rence Sandell | effective when filed by the F | Torida Depart - | iment c | f State. | | |
| Signature of General Par | tner | | | | | |
| comply with the provision and I am familiar with a Carries Bell | intment as registered agent a ns of all statutes relative to the accept the obligations of m | he proper and | t comp. | lete perforn | . I further agree to nance of my duties, | |
| Signature of Registered / | Agent | | | | | |
| Denise Bell. | Asst Seey | | | | | |
| Filing Fee: Certified Copy (opt | \$35.00 ional): \$52.50 | | | | | |