## A15000000670

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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MAY - 5 2022 D CUSHING CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 601781 7247429 AUTHORIZATION COST LIMIT ORDER DATE: April 7, 2022 ORDER TIME : 5:30 PM ORDER NO. : 601781-003 CUSTOMER NO: 7247429 CHANGE OF AGENT NAME: CENTURY PARK APARTMENTS, LP PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_ CERTIFIED COPY \_\_\_ PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER:

## 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 PAI	RK APARTMENTS, LP			
1	Name of Limited Partnership	p or Limited Liability Limited Partnersh	ıip	
2 10/19/2015		3 A15000000670	3 A15000000670	
Date of filing/registration in Florida		Florida docum	Florida document number	
4. The name of the Department of State		gistered office address as shown on the	records of the Florida	
	C T CORPORATION	SYSTEM		
	·	Name		
1200 SOUTH PINE ISLA		SLAND ROAD	<b>2</b> 92:	
		Address	2	
PLANTATION, FL 33324		324		
	Cit	ty, State and Zip		
5. The name and F	lorida street address of the n	new registered agent and/or office:	<b>=</b>	
	Corporation Service C	-	. · · <del>.</del> ·	
Name				
	1201 Hays Street	· · · · · · · · · · · · · · · · · · ·		
		Iress (P.O. Box not acceptable)		
	Tallahassee	FL 32301		
	Cit	ty, State and Zip		
		•		
6. Such change(s)	is/are effective when filed by	y the Florida Department of State.		
KILL	Renee Sandell, Vice President on behalf of			
Signature of General Partner		Century Park Services Corporation,		
		General Partner		
comply with the pro	ovisions of all statutes relativ	ngent and agree to act in this capacity. we to the proper and complete performa us of my position as registered agent.		
<u> Drace</u>	Cokuble	Grace F. Kirby, Asst. Vice President		
Signature of Regist	ered Agent			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50