## A16000000605

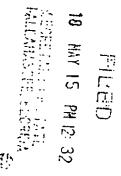
| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Grace Kirby grace.kirby@cscglobal.com

Date: May 10, 2018

Order#: 192661/017

Re: BAY ABBINGTON VILLAGE, LP

Enclosed please find:

XX Change of Registered Agent and Office. XX Check in the amount of \$35.

AX CHeck III 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:Grace Kirby c/o Corporation Service Company 251 Little Falls Drive 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.   | BAY ABBINGTON   | VILLAGE  | E, LP  |                        |  |
|--|---|--|--|------------------------|--|
| Na   | me of Limited Partnership or Limite   |  |  | ship                   |  |
| 2. 1   | 11/04/2016  |  | 3 A16000000605                                     |                        |  |
| Date of filing/registration in Florida   |   |  | Florida document number                            |                        |  |
| 4. The name of the re Department of State:   | gistered agent and the registered off   | ice address as   | shown on the                                       | records of the Florida |  |
|  | C T Corporatio  | n System   |  |                        |  |
|  | Name  |  |  |                        |  |
|  | 1200 South Pine Island Road   |  |  |                        |  |
|  | Address   | 3  | <u> </u>   | <b>بی</b>              |  |
|  | Plantation  | FL   | 33324  |                        |  |
|  | City, State an  | d Zip  |  | 題夏玉                    |  |
| 5. The name and Flor   | ida street address of the new registe   | red agent and/o  | or office:   | 15 PH D                |  |
|  | Corporation Service   | e Company  | /  | P                      |  |
|  | Name  |  |  | 일을 다                   |  |
|  | 1201 Hays S   | Street   |  |                        |  |
|  | Florida street address (P.O.  | Box not accept   | able)  | 4.L                    |  |
|  | Tallahassee   | FL   | 32301  |                        |  |
|  | City, State an  | d Zip  |  |                        |  |
| Signature of General F<br>I hereby accept the ap<br>comply with the provis<br>and I am familiar with | Jill Cilmi, Authorized Person on be<br>pointment as registered agent and a<br>sions of all statutes relative to the pr<br>an accept the obligations of my pos | half of Bay Abbin<br>gree to act in t<br>oper and comp | gton Village Par<br>his capacity,<br>plete perform | I further agree to     |  |
| By: Signature of Registere   | d Agent Grace E. Kirby, Asst. Vice  |  | Ť  |                        |  |
| Filing Fee:  | \$35.00   |  |  |                        |  |
| Certified Copy (o  | ptional): \$52.50   |  |  |                        |  |