

A16495

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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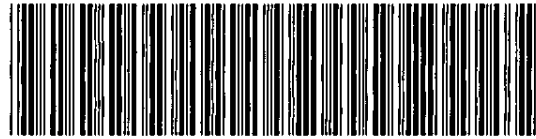
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

FEB 14 2012

EXAMINER



CORPORATION SERVICE COMPANY*

ACCOUNT NO. : I20000000195

REFERENCE : 061640 7232314

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 16, 2012

ORDER TIME : 12:32 PM

ORDER NO. : 061640-262

CUSTOMER NO: 7232314

CHANGE OF AGENT

NAME: LAKES OF NORTHDAL, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Becky Peirce -- EXT# 2919

EXAMINER: _____

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TALLAHASSEE, FLORIDA

**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. LAKE OF NORTHDAL, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/27/1984

Date of filing/registration in Florida

3. A16495

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:

NRAI Services, Inc.

Name

515 E. Park Avenue

Address

Tallahassee, FL 32301

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Maurcen Cathell
Signature of General Partner

Maurcen Cathell, Authorized Person*

*on behalf of Omaha Northdale GP LLC,
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.

Corporation Service Company

By: Elizabeth A. Dawson

Signature of Registered Agent

Elizabeth A. Dawson, Asst. Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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