A17000000 264

| (Re | equestor's Name) | | | | |
|---|--------------------|-----------|--|--|--|
| (Address) | | | | | |
| (Ad | ldress) | | | | |
| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| — (Bu | usiness Entity Nan | ne) | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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COVER LETTER

| TO: Registration Section Division of Corporation | | | | |
|--|--------------------------|---------------------------|--|--|
| SUBJECT: Chandler Real | Estate Partners XIII L | P | | |
| Name | of Limited Partnership | or Limited Liab | lity Limited Partnership | |
| DOCUMENT NUMBE | A 17000000 | | | |
| The enclosed Statement of fee(s) are submitted for f | | tered Office a | nd/or Registered Agent and | |
| Please return all correspo | ondence concerning | g this matter to | ; | |
| Alice Roweliffe | | | | |
| C | ontact Person | | = - | |
| Chandler Residential, Inc. | | | | |
| Fi | rm/Company | | <u>-</u> | |
| 11719-B Jefferson Ave., Ste. | 103 | | | |
| | Address | | _ | |
| Newport News, VA 23606 | | | | |
| City, S | tate and Zip Code | | | |
| arowcliffe@chanres.com | | | | |
| E-mail address: (to be us | sed for future annual re | port notification) | | |
| For further information c | oncerning this mat | ter, please call | : | |
| Alice Rowcliffe | | at (| 873-4225 | |
| Name of Contact Per | rson | Area Code |) 873-4225 and Daytime Telephone Number | |
| Enclosed is a \$35.00 che- | ck made payable to | the Florida D | epartment of State. | |
| Mailing Address: | | Street Address: | | |
| Registration Section | | Registration Section | | |
| Division of Corporations | | Division of Corporations | | |
| P.O. Box 6327 | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | | N. Monroe Street, Suite 810 | |
| | | Tallal | nassee, FL 32303 | |

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.

| | Name of Limited Partnership or Li | mited Liability Limited Partners | hip | |
|---------------------------------------|--|----------------------------------|--|--|
| | | 3. A17000000 | | |
| Date of fil | Date of filing/registration in Florida 5. | | Florida document number | |
| 4. The name of the Department of Stat | e registered agent and the registered | d office address as shown on the | records of the Florida | |
| | Paul C. Jost | | | |
| | Na | ame | | |
| | 1500 Ocean Dr, Uni | t 1105 | | |
| | Ado | iress | | |
| | Miami Beach FL 33 | 139 | | |
| | City, Star | te and Zip | | |
| 5. The name and F | Florida street address of the new reg | gistered agent and/or office: | S 21 | |
| | Paul C. Jost | |)20 L ECR TAL | |
| | Na | ame | | |
| | 354 NE 5th St | | 24 HA | |
| | Florida street address (I | P.O. Box not acceptable) | SSS P | |
| | Boca Raton | FL_33432 | 2020 JUL 24 PH 12: 02 SECRETARY OF STATE TALLAHASSEE, FL | |
| | City, Sta | te and Zip | S S | |
| 6. Such change(s) | is/are effective when filed by the F | Horida Department of State. | | |
| Signature of Gener | al Partner | - | | |
| comply with the pr | e appointment as registered agent a ovisions of all statutes relative to the with an accept the obligations of m | he proper and complete perform | | |
| Signature of Regist | 1.1 | - | | |

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50