

A 17000 000 316

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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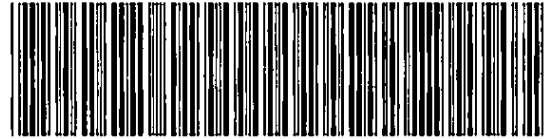
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Chandler Real Estate Partners XIV LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A1700000316

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Alice Rowcliffe

Contact Person

Chandler Residential, Inc.

Firm/Company

11719-B Jefferson Ave., Ste. 103

Address

Newport News, VA 2360

City, State and Zip Code

arowcliffe@chanres.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alice Rowcliffe at ( 757 ) 873-4225

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

