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COVER LETTER

TO:	O: Registration Section Division of Corporations							
erin i	ECT:	Chandler Real Es	state Partners XIV L	P				
SUBJ	ECI:_	Name of Lir	nited Partnership or	Limited Liabilit	y Limited Partnership			
DOC	UMENT	Γ NUMBER:	117000000011		·			
		Statement of Ch mitted for filing.	-	ed Office and	/or Registered Agent and			
Please	return :	all corresponder	nce concerning th	is matter to:				
Alice F	Rowcliffe							
		Contact	Person					
Chand	ler Reside	ential, Inc.						
		Firm/Co	mpany					
11719-	-B Jeffers	on Ave., Ste. 103						
		Add	lress					
Newpo	ort News,	VA 2360						
		City, State a	nd Zip Code					
arowel	liffe@cha	nres.com						
Е	-mail add	ress: (to be used for	r future annual repor	t notification)				
For fu	irther in	formation conce	rning this matter.	please call:				
Alice F	Rowelitře		at	757	873-4225			
	Name o	of Contact Person	a		d Daytime Telephone Number			
Enclo	sed is a	\$35.00 check m	ade payable to th	e Florida Der	partment of State.			
Mailir	ng Addi	ress:		Street 2	Address:			
N				D. C. C. C. C.				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, 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.

1. Chandle	r Real Estate Partr	ners XIV LP				
N'	ame of Limited Partnership	or Limited Liabil	ity Limited Partners	hip		
2. 7/10/201	17	3.	A17000000	316		
Date of tilin	Date of filing/registration in Florida Florida docum					
4. The name of the r Department of State:	registered agent and the reg	istered office addr	ess as shown on the	records of the Flo	rida	
	Paul C. Jost					
		Name				
	1500 Ocean Dr,	Unit 1105				
		Address				
	Miami Beach FL	. 33139				
	Cit	y, State and Zip				
5. The name and Flo	orida street address of the ne	ew registered ager	it and/or office:	ري دوم	20:	
	Paul C. Jost			TAL TCR	Z J	
		Name		A F	٥	
	354 NE 5th St			TARY OF ST LAHASSEE.	2020 JUL 24 PH 12: 02	
	Florida street add	ress (P.O. Box not	acceptable)	38.6	PH	
	Boca Raton		_FL_33432	in so	:: 	
	Cit	y, State and Zip		AIE	02	
6. Such change(s) is	/are effective when filed by	the Florida Depa	rtment of State.			
111	1.1-1	10				
Signature of General	Jul Meneys (<u>67</u>				
			ant in this amounts.	1 Combon acres to		
comply with the prov	uppointment as registered a visions of all statutes relativ	e to the proper an	d complete perform			
and Lam familiar wi	th an accept the obligations	s of my position as	registered agent.			
IM	2 fet					
Signature of Register	red K gent					
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50