

A17000000 418

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

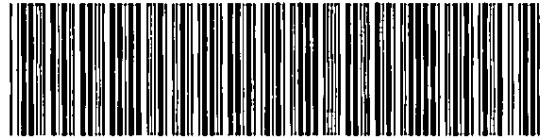
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400317081304

AUG 25 2018
S. YOUNG

FILED
18 AUG 17 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCEANSIDE DAYTONA LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17000000418

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:

Steve Briggs

Contact Person

Quantum Management

Firm/Company

12 Ames Crescent

Address

Aurora ON L4G 0C3 Canada

City, State and Zip Code

sbriggs@quantum-mgmt.com

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

For further information concerning this matter, please call:

Michael McNatt, Esq.

at (407)

354-5730

Name of Contact Person

Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

INHS04 (01/06)

FILED
18 AUG 17 PM 4:47
STATE OF FLORIDA
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. OCEANSIDE DAYTONA LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. SEPTEMBER 13, 2017 3. A17000000418
Date of filing/registration in Florida Florida document number

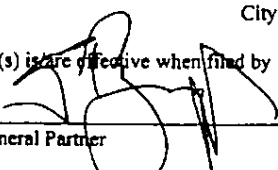
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

RENTAL PARTNERS
Name
2099 PARK STREET
Address
JACKSONVILLE, FLORIDA 32204
City, State and Zip

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

EQUITY INVESTMENT SERVICES, LLC
Name
7575 DR PHILLIPS BLVD, SUITE 390
Florida street address (P.O. Box not acceptable)
ORLANDO FL 32819
City, State and Zip

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


Signature of 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.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

FILED
18 AUG 17 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA