ARCIOCEOSE

(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



400320618444





WHIR DC



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Merritt Walker Reference #:	Date:	11/06/2018		
Reference #:				
TURNSTONE 2018-1, LP Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other				. •
Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other	Entity Name:	TURNS	STONE 2018-1, LP	_
☐ Dissolution/Withdrawal ☐ Fictitious Name ☐ Other	☐ Article ☐ Amen ☐ Chang ☐ Reins ☐ Conve	es of Incorporation/Authorizandment ge of Agent statement ersion		-b -b b:
Authorized Amount: \$35	☐ Disso	lution/Withdrawal		
	☐ Other	·		
			·····	

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date: 11/0	06/2018				
	Merritt Walker	_			
Reference #:					
Entity Name:	TURNS	TONE 2018-1, LP			
		ion to Transact Business			
Amendmer	nt				
Change of	Agent			٠	
Reinstatem	nent				
Conversion	١		1 *	\$50 \$44	·
☐ Merger				<u> </u>	1
Dissolution	/Withdrawal		٠.	ر ع	
☐ Fictitious N	lame			7.) ejî	
Other				_ 	
Authorized Amour	nt:\$35				
Signature:	. xmv				

F: 800.944.6607

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.

l	TURNSTONE 2				
	Name of Limited Partnership or Limited	l Liability L	imited Partnershi.	P	
2.	February 7, 2018	3.	A180000	00058	
Date	e of filing/registration in Florida		Florida docume	nt number	
4. The name Department of	of the registered agent and the registered office of State:	ce address a	as shown on the re	cards of the	Florida
	LAW OFFICE OF KIMBERLY A	. ABRAMS	8 & ASSOCIA		
	Name				
	2699 STIRLING RD	., STE. A	105		
	Address	· , 			
	FT. LAUDERDALE	, FL 33	312		
	City, State and	l Zip			•
5. The name	and Florida street address of the new registere	ed agent an	d/or office:		
	COGENCY GLO	BAL INC			
	Name			:	
	115 North Calhoun	St., Suit	e 4	}~	
	Florida street address (P.O. E				## **
	Tallahassee	FI	32301	i»	—————————————————————————————————————
	City, State and	ł Zip			
6. Such chai	nge(s) is/are effective when filed by the Florida	•			T !!
Zum (on b	ehalf of TU	RNSTONE 2018-	1 GP, LLC, C	Seneral Partner
Signature of	General Partner			٠.	9
comply with and I am fan	ept the appointment as registered agent and ag the provisions of all statutes relative to the pro- niliar with an accept the obligations of my post Registered Agent	oper and co	mplete performan		
Filing Fee Certified	:: \$35.00 Copy (optional): \$52.50				