12/6/24 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000402059 3)))



H2400040205934BC-

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FIRST COAST CORPORATE SERVICES

Account Number : I20240000035 Phone : (904)490-0391 Fax Number : (706)310-8269

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE **TURNSTONE 2018-1, LP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu — Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: Turnstone 2018-1,	
Name of Limited Partr	nership or Limited Liability Limited Partnership
	000058
DOCUMENT NUMBER:	
The enclosed Statement of Change of lifee(s) are submitted for filing.	Registered Office and/or Registered Agent and
Please return all correspondence conce	erning this matter to:
Kathy Butler	
Contact Person	
UNIVERSAL REGISTERED AGEN	NTS, INC.
Firm/Company	
12900 METCALF, SUITE 140	
Address	
OVERLAND PARK, KS 66221	
City, State and Zip Coc	de
info@uragents.com	
E-mail address. (to be used for future and	nual report notification)
For further information concerning this	s matter, please call:
Kathy Butler	at (855-236-9¶72
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made paya	ble to the Florida Department 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	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

Filing Fee:

Certified Copy (optional): \$52.50

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.

₂ 02/07/2018	}	3.	A1800000058
Date of filing/registration in Florida			Florida document number
4. The name of the Department of State	•	d office addres	s as shown on the records of the Flo
	COGENCY GLOBAL IN	NC.	
	Na		
	115 N CALHOUN ST S	UITE 4	
	Ado	lress	
	TALLAHASSEE, FL 32		
	City, Stat	te and Zip	; * ;
5. The name and F	lorida street address of the new reg	gistered agent	and/or office:
	UNIVERSAL REGISTE	RED AGE	NTS. INC.
		me	****
	1317 California Street		• •
	Florida street address (I	P.O. Box not a	cueptable)
	Tallahassee		FL 32304
	City, Stat	te and Zip	
5. Such change(s) i	is/are effective when filed by the F	lorida Departi	ment of State.
liemer Asst	. Sec on behalf of the GP,	Turnstone	2018-1 GP, LLC & Provide
Signature of Genera	al Destant	- veloper, LL	
comply with the pro		he proper and	ct in this capacity. I further agree to complete performance of my duties, egistered agent.
Kathu	Butler		

\$35.00