

A18 000000 258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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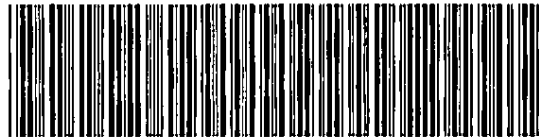
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

Ja 04/14/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Reserve at Conway Partners LP

Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A18000000258

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 23606

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

**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. Reserve at Conway Partners LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 6/27/2018 3. A18000000258  
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:

Paul C. Jost  
Name  
1500 Ocean Dr, Unit 1105  
Address  
Miami Beach FL 33139  
City, State and Zip

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

Paul C. Jost  
Name  
354 NE 5th St  
Florida street address (P.O. Box not acceptable)  
Boca Raton FL 33432  
City, State and Zip

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

Paul C. Jost Managing LP  
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.*

Paul C. Jost  
Signature of Registered Agent

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

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