

A 19000000266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK UP

☐ WAIT

☐ MAIL

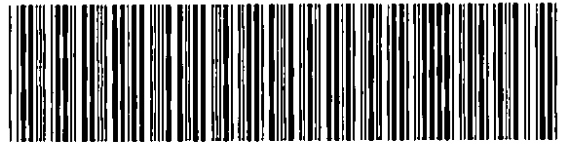
(Business Entity Name)

(Document Number)

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COGENCYGLOBAL

115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: **March 31, 2021**

Account#: I200000000088

Name: **David Shulman**

Reference #: **1315084**

Entity Name: **LAKEVIEW TOWER VENTURE LP**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

David:

850-270-0082

Authorized Amount: **\$35.00**

Signature: _____

**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. LAKEVIEW TOWER VENTURE LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. July 2, 2019 3. A19000000266
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:

BCRA, LLC
Name
1905 NW CORPORATE BLVD, STE 310
Address
BOCA RATON, FL 33431
City, State and Zip

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

COGENCY GLOBAL INC.
Name
115 North Calhoun St., Suite 4
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL
ED

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

/S/ Bryan Hartnett
Signature of General Partner **Affordable Housing Institute, Inc. by Bryan Hartnett, President**

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.

/S/ Tim Mayville
Signature of Registered Agent **Tim Mayville, Assistant Secretary**

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