A19707

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COVER LETTER

Division of Corporations							
SUBJECT:	CCT: Ridgecrest Ltd.						
Name of Limited Partnership or Limited Liability Limited Partnership							
DOCUMENT NUMBER:	A19303						
The enclosed Statement of Change of I fee(s) are submitted for filing.	Registered Office and/or Registered Agent and						
Please return all correspondence conce	erning this matter to:						
April Cliche							
Contact Person	·						
Ridgecrest Ltd.							
Firm/Company							
3111 Paces Mill Rd. Ste	e. A-250						
Address							
Atlanta, GA 3033	9						
City, State and Zip Cod	le						
acliche@hallmark	(co.com						
E-mail address: (to be used for future ann	nual report notification)						
For further information concerning this	s matter, please call:						
April Cliche	at (770) 984-2100x118						
Name of Contact Person	Area Code and Daytime Telephone Number						
Enclosed is a \$35.00 check made payal	ble to the Florida Department of State.						
STREET ADDRESS:	MAILING ADDRESS:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
Clifton Building	P. O. Box 6327						
2661 Executive Center Circle	Tallahassee, FL 32314						

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.	Ridgecre	Ridgecrest Ltd.						
	Name of Limited Partnership or Limi	ited Liabilit	ty Lim	ited Partner	ship			
2.	03/06/1985	3	3. A19303					
	Date of filing/registration in Florida	_	F	lorida docu	ument number			
	The name of the registered agent and the registered o epartment of State:	ffice addre	ss as sl	hown on the	e records of the Florida			
	Susan A	dams			_			
	Name	е						
	4040 West Newberry	4040 West Newberry Road, Suite 950B						
	Addre	SS						
		Gainesville, FL 32607						
	City, State a	and Zip			TAS _			
5.	The name and Florida street address of the new regist	tered agent	and/o	office:	CORET			
	The Hallmark Co	mpanies	, Inc.		프린 플			
	Name	e			SSE SSE			
	4040 West Newberry	Road, S	uite 9	950B				
	Florida street address (P.C	Florida street address (P.O. Box not acceptable)						
	Gainesville,		FL_	32607	52 7818			
	City, State a	and Zip						
6.	Such change(s) is/are effective when filed by the Flor	rida Depart	ment o	of State.				
Sig	gnature of General Partner							
cor an	thereby accept the appointment as registered agent and imply with the provisions of all statutes relative to the part of a lam familiar with an accept the obligations of my part of Registered Agent	proper and	comp	lete perforn				

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50