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SECRETARY OF STATE
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

LP
R-T
Change

MAY 05 2022

D COWELL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 601781 7247429

AUTHORIZATION : 

COST LIMIT : \$ 354.00

ORDER DATE : April 7, 2022

ORDER TIME : 5:38 PM

ORDER NO. : 601781-025

CUSTOMER NO: 7247429

CHANGE OF AGENT

NAME: SEA SALT PINES APARTMENTS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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. SEA SALT PINES APARTMENTS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 10/20/2020 3. A200000004674
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:

C T CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION, FL 33324
City, State and Zip

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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

Renee Sandell
Signature of General Partner

Renee Sandell, Vice President on behalf of
Sea Salt Pines Services Corporation

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.

Grace E. Kirby
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

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