A 24627

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
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SECRETARY OF STATE
TACHARASSEP FERBIRE

JAN 08 2016 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	JECT:lr	nglewood Meadows Ltd.		
2020		rtnership or Limited Liability Limited Partnership		
DOCUMENT NUMBER: A24627		A24627		
	enclosed Statement of Change of are submitted for filing.	f Registered Office and/or Registered Agent and		
Please	e return all correspondence con	cerning this matter to:		
	April Cliche			
	Contact Person			
	Inglewood Meadov	vs Ltd.		
	Firm/Company			
	3111 Paces Mill Rd. S	te. A-250		
	Address			
	Atlanta, GA 303	339		
	City, State and Zip C	ode		
	acliche@hallma	irkco.com		
F	E-mail address: (to be used for future			
For fi	urther information concerning t	nis matter, please call:		
	April Cliche	at (770) 984-2100x118		
	Name of Contact Person	Area Code and Daytime Telephone Number		
Enclo	osed is a \$35.00 check made pay	vable to the Florida Department of State.		
STRI	EET ADDRESS:	MAILING ADDRESS:		
	stration Section	Registration Section		
	ion of Corporations	Division of Corporations		
	on Building	P. O. Box 6327		
	Executive Center Circle	Tallahassee, FL 32314		
Tallal	hassee, FL 32301			

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	Inglewood M	eadows Lt	d.		
N	ame of Limited Partnership or Lim	ited Liability Li	mited Partnership	_	
2.	06/04/1987	3	A24627		
Date of filin	g/registration in Florida	Florida document number			
4. The name of the r Department of State:	registered agent and the registered of	office address as	shown on the records	s of the Florida	
	Susan A	dams			
	Nam				
	4040 West Newberry	Road, Suite	950B		
	Addre	ess			
Gainesville		FL 32607		A 502 -	
	City, State	and Zip		6 J	
5. The name and Flo	orida street address of the new regis	tered agent and/	or office:	AN I	T is n
	The Hallmark Co	mpanies, In	c	čí÷< →	1
	Nam	e			
	4040 West Newberry	Road, Suite	950B	103 103 103 103 103 103 103 103 103 103	و در دون اور پرون
	Florida street address (P.C	D. Box not accep	table)	高高 号	
	Gainesville,	FL	32607		
	City, State				
6. Such change(s) is	/are effective when filed by the Flo	rida Department	of State.		
Signature of General	Partner				
comply with the prov	ppointment as registered agent and issions of all statutes relative to the th an accept the obligations of my pred Agent	proper and com	plete performance of		
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50