A 25172

(Re	equestor's Name)				
(Address)					
(Ad	ldress)				
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
(Document Number)					
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COVER LETTER

TO:	<u> </u>					
	Division of Corporations					
SUBJECT: Pine Terrace III Ltd.						
	Name of Limited Partne	ership or Lim	ited Liability	Limited Partnership		
DOCUMENT NUMBER:		A25172				
	enclosed Statement of Change of Roare submitted for filing.	Registered (Office and	or Registered Agent and		
Please	e return all correspondence concer	ming this m	natter to:			
	April Cliche					
	Contact Person					
	Pine Terrace III Ltd	<u>d.</u>				
	Firm/Company					
	3111 Paces Mill Rd. Ste	. A-250		•		
	Address					
	Atlanta, GA 30339	9				
	City, State and Zip Code	e				
	acliche@hallmark	co.com				
E	E-mail address: (to be used for future ann		ification)	 		
For fu	urther information concerning this	matter, ple	ase call:			
	April Cliche	at (770	984-2100x118		
	Name of Contact Person			l Daytime Telephone Number		
Enclo	sed is a \$35.00 check made payab	ole to the Fl	orida Dep	artment of State.		
STRE	EET ADDRESS:		MAILI	NG ADDRESS:		
_	istration Section Registration Section		tion Section			
	ion of Corporations		Division of Corporations			
	n Building		P.O. Bo			
	Executive Center Circle		Tallahas	ssee, 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	1 Pine Terrace III Ltd.								
Name of Limited Partnership or Limited Liability Limited Partnership									
2 09	9/14/1987	3	A25172						
Date of filing/	registration in Florida	F	Florida document num	ber					
4. The name of the reg Department of State:	gistered agent and the registered office	address as s	shown on the records of	of the Florida					
_	Susan Adan	ns							
·	Name								
_	4040 West Newberry Ro	ad, Suite	950B						
	Address			35					
_	6 A								
	City, State and 2	Zip							
5. The name and Flori	da street address of the new registered	agent and/o	or office:	-7					
_	The Hallmark Compa	anies, Inc	}.						
·	Name			AH 9: 4) OF STAI E. FLORI					
4040 West Newberry Road, Suite 950B									
Florida street address (P.O. Box not acceptable)									
	Gainesville,	FL	32607						
•	City, State and 2	Zip							
6. Such change(s) is/an Signature of General Property of General P	re effective when filed by the Florida I	Department (of State.						
comply with the provisi	pointment as registered agent and agreeions of all statutes relative to the prop an accept the obligations of my position of a second agent	er and comp	olete performance of m						

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50