## AZSZZZ

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(Cit	ty/State/Zip/Phon	e #)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations						
SURI	•	onegate I	Manor	Limi	ted		
эсы.	Name of Limited Part						
DOCUMENT NUMBER:			A25227				
	nclosed Statement of Change of are submitted for filing.	Registered	Office a	nd/or l	Registered Agent and		
Please	return all correspondence conce	erning this r	natter to	:			
	April Cliche						
	Contact Person						
	Stonegate Manor Li	mited					
	Firm/Company						
	3111 Paces Mill Rd. St	e. A-250					
	Address			_			
	Atlanta, GA 3033	RQ.					
	City, State and Zip Co			_			
	•						
F-	acliche@hallmar mail address: (to be used for future an		tification				
		-	·				
For fu	rther information concerning thi	s matter, ple	ease call	:			
	April Cliche	at (	770	)	984-2100x118		
_	Name of Contact Person				ytime Telephone Number		
Enclos	ed is a \$35.00 check made paya	ble to the F	lorida D	epartn	nent of State.		
STRE	ET ADDRESS:		MAII	LING	ADDRESS:		
Regist	ration Section		Registration Section				
	on of Corporations				Corporations		
	n Building		P. O.				
	Executive Center Circle		Tallal	nassee	, FL 32314		
I allah:	assee, 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	Stonegate Ma	anor Limi	ted		
Na	me of Limited Partnership or Limi	ited Liability I	Limited Partners	hip	
20	9/25/1987	3	A25	5227	
Date of filing/registration in Florida			Florida docum	cument number	
4. The name of the re Department of State:	gistered agent and the registered of	office address	as shown on the	records of the Florida	
	Susan A	dams			
	Nam	e			
	4040 West Newberry	Road, Sui	te 950B		
	Addre	SS	· · · · ·	₹.	
	Gainesville,	FL 32607		16 16	
	City, State	and Zip		AHA AHA	
5. The name and Flor	ida street address of the new regis	tered agent an	d/or office:	ASS.	
	The Hallmark Co	mpanies, l	nc.		
	Name	е			
	4040 West Newberry			AM II: 38 OF STATE E. FLORID	
	Florida street address (P.C	). Box not acc	eptable)	\$\frac{1}{2} \overline{1}{2} \overline{1} \overline{1}{2} \overline{1} \overline{1}{2} \overline{1} \overline{1} \overline{1}{2} \overline{1} \	
	Gainesville,	FI	32607		
	City, State	and Zip			
6. Such change(s) is/a	are effective when filed by the Flor	rida Departme	ent of State.		
Mast	11(2)				
Signature of General I	Partner				
comply with the provis	pointment as registered agent and sions of all statutes relative to the an accept the obligations of my p	proper and co	mplete performa	I further agree to ince of my duties,	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50