A25709

(Requestor's Name)					
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(CII	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
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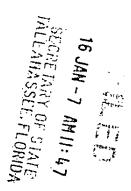
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COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJECT: Greenwood Terrace Ltd.					
		rtnership or Limited Liability Limited Partnership			
DOCUMENT NUMBER:		A25309			
	nclosed 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				
	Greenwood Terrac	e Ltd.			
	Firm/Company				
	3111 Paces Mill Rd. S	te. A-250			
	Address				
	Atlanta, GA 303	339			
	City, State and Zip C				
	acliche@hallma				
Е	-mail address: (to be used for future a				
For fu	urther information concerning th	nis matter, please call:			
	April Cliche	at (770) 984-2100x118			
	Name of Contact Person	Area Code and Daytime Telephone Number			
Enclo	sed is a \$35.00 check made pay	rable to the Florida Department of State.			
STRE	EET ADDRESS:	MAILING ADDRESS:			
Registration Section		Registration Section			
	ion of Corporations	Division of Corporations			
	n Building	P. O. Box 6327			
	Executive Center Circle	Tallahassee, FL 32314			
Tallah	nassee, 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	Greenwood	Terrace Li	td.				
	Name of Limited Partnership or Limited Liability Limited Partnership						
2	10/12/1987	3.	A25309				
	Date of filing/registration in Florida		Florida document number				
	e name of the registered agent and the registered tment of State:	l office address a	s shown on the record	ds of the Florida			
	Susan .	Adams					
	Na	me					
	4040 West Newberr	y Road, Suit	e 950B				
	Add	ress					
Gainesville, FL 32607							
	City, State	e and Zip					
5. Th	e name and Florida street address of the new reg	istered agent and	Vor office:	NOTE SELECTION OF THE S			
	The Hallmark C	ompanies, Ir	ıc.	AH AH			
	Nat	me	· · · · · · · · · · · · · · · · · · ·	AS			
	4040 West Newberr Florida street address (P			SEEF THE SEEF			
	Gainesville,	FL	32607	STA III			
	City, State	e and Zip		DA 1			
Signat I herei	th change(s) is/are effective when filed by the Fluid of the American State of the Provisions of all statutes relative to the	nd agree to act in	n this capacity. I furti	her agree to f my duties,			
and I d	am familiar with an accept the obligations of my	position as regis	stered agent.	· •			

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50