AZTEIL

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL.				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



100280684591

01/07/16--01017--028 **35.00



JAN 08 2016 J SHIVERS

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJECT: Pine View Apartments RRH Ltd.						
	Name of Limited Par	tnership or Limited Liability Limited Partnership				
DOCUMENT NUMBER:		A27816	A27816			
	enclosed Statement of Change of are submitted for filing.	Registered Office and/or Registered Ager	nt and			
Please	e return all correspondence con-	erning this matter to:				
	April Cliche					
	Contact Person					
	Pine View Apartments	RRH Ltd.				
	Firm/Company					
	3111 Paces Mill Rd. S	te. A-250				
	Address					
	Atlanta, GA 303	39				
	City, State and Zip C					
	acliche@hallma					
E	-mail address: (to be used for future a					
	urther information concerning th	•				
	April Cliche	at (770) 984-2100x	118			
	Name of Contact Person	Area Code and Daytime Telephone N				
Enclo	osed is a \$35.00 check made pay	able to the Florida Department of State.				
STRI	EET ADDRESS:	MAILING ADDRESS:				
	stration Section	Registration Section				
	ion of Corporations	Division of Corporations	Division of Corporations			
	n Building	P. O. Box 6327				
	Executive Center Circle	Tallahassee, FL 32314				
i alial	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	Pine View Apartments RRH Ltd.						
1	Name of Limited Partnership or Lim	ited Liability	Limited Partnership				
2	01/25/1989	3.	A2781	6			
Date of fili			Florida document	cument number			
4. The name of the Department of State	registered agent and the registered e:	office address	as shown on the reco	ords of the Florida			
	Susan A	Adams					
	Nam	ne					
	4040 West Newberry	/ Road, Su	ite 950B				
	Addre	ess					
	Gainesville,	FL 32607					
	City, State	and Zip	_	<u> </u>			
5. The name and F	lorida street address of the new regis	stered agent ar	nd/or office:	6 JA			
	The Hallmark Co	ompanies,	Inc.	JAN -7 RETARY AHASSE			
	Nam	ne		7 SEE			
	4040 West Newberry	Road, Sui	ite 950B	AM II: 4 OF STAI E. FLORN			
	Florida street address (P.	O. Box not acc	ceptable)				
	Gainesville,	F	L 32607				
	City, State			25			
6. Such change(s) i	s/are effective when filed by the Flo	orida Departm	ent of State.				
comply with the pro	appointment as registered agent and visions of all statutes relative to the vith an accept the obligations of my cred Agent	proper and c	omplete performance	rther agree to of my duties,			
Filing Fee:	\$35.00						

Certified Copy (optional): \$52.50