

A28016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

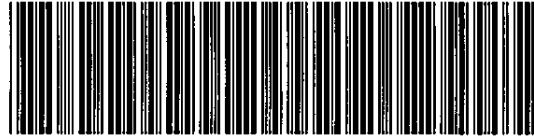
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DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 OCT 31 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 291965 5149032

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : , October 26, 2007

ORDER TIME : 10:18 AM

ORDER NO. : 291965-040

CUSTOMER NO: 5149032

FILED
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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CHANGE OF AGENT

NAME: BROWARD GARDENS ASSOCIATES,
LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman

EXAMINER'S INITIALS: _____

**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. BROWARD GARDENS ASSOCIATES, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/07/1989

Date of filing/registration in Florida

3. A28016

Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Paula Putnam

Name

621 NW 2nd Street

Address

Ocala, FL 34475

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

FL 32301

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

Real Property Services Corp., general partner

Signature of General Partner

Samantha Antone, Assistant Secretary
for general partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Corporation Service Company

By: Sylvia Queppet

Signature of Registered Agent

Sylvia Queppet, Asst. VP

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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