## AZFY79

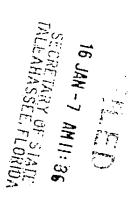
(Requestor's Name)						
(Address)						
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JAN 08 2016 J SHIVERS

## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJ	JECT: La	aBelle Co	mmor	ıs, L	td.	
	Name of Limited Partr					
DOCUMENT NUMBER:		A28479				
	nclosed Statement of Change of are submitted for filing.	Registered (	Office a	nd/or	Registered Agent and	
Please	e return all correspondence conce	erning this n	natter to	:		
	April Cliche					
	Contact Person					
	LaBelle Commons,	Ltd.				
	Firm/Company					
	3111 Paces Mill Rd. Ste	e. A-250				
	Address					
	Atlanta, GA 3033	9				
	City, State and Zip Coo			_		
	acliche@hallmarl	kco.com				
Ē	-mail address: (to be used for future and		tification)	ı		
For fu	arther information concerning thi	s matter, ple	ease call	:		
	April Cliche	at (	770	)	984-2100x118	
	Name of Contact Person		rea Code	and Da	nytime Telephone Number	
Enclo	sed is a \$35.00 check made paya	ble to the F	lorida D	epartr	ment of State.	
STRE	EET ADDRESS:		MAII	LING	ADDRESS:	
Registration Section			Registration Section			
	ion of Corporations	Corporations Division of Corporations				
	Clifton Building P. O. Box 6327					
	Executive Center Circle		Tallal	nassee	e, 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		LaBelle Comm				
	Name of Limi	ted Partnership or Limited	Liability Lin	nited Partnership		
2.	06/14/198	39	3	A28479		
	Date of filing/registration	gistration in Florida Florida d		Florida document nur	ocument number	
	The name of the registered agpartment of State:	ent and the registered offic	ce address as s	shown on the records	of the Florida	
		Susan Ada	ms			
		Name				
	404	0 West Newberry R	oad, Suite	950B		
		Address				
		Gainesville, FL	. 32607			
		City, State and	Zip			
5. 7	The name and Florida street a	ddress of the new registere	ed agent and/o	or office:	NALLE NALLE	
		The Hallmark Comp	panies, Inc	<b>)</b>		
		Name			AS Z	
4040 West Newberry Road, Suite 950B						
	Flo	orida street address (P.O. E	Box not accept	table)		
		Gainesville,	FL_	32607	-7 AMII: 8	
		City, State and	l Zip			
6. 5	Such change(s) is/are effective	e when filed by the Florida	a Department	of State.	***	
Sign	mature of General Partner	eten				
I he con	ereby accept the appointment apply with the provisions of all I am familiar with an accept the control of Registered Agent	statutes relative to the pro	pper and comp	plete performance of		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50