

A28957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

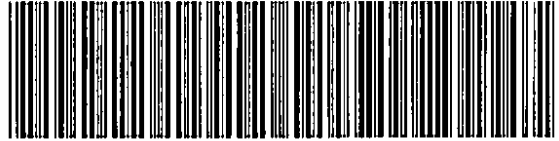
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bella Vista Apts., Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A28957

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Karen Seligman

Contact Person

Dimension One Management, Inc.

Firm/Company

7865 Southside Blvd.

Address

Jacksonville, FL 32256

City, State and Zip Code

Sherylw@d1mgt.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Seligman

at (904) 642-1759

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Bella Vista Apts, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/17/2021

Date of filing/registration in Florida

3. A28957

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:

Magalski, Barbara

Name

613 South 12th Street

Address

Leesburg, Fl. 34748

City, State and Zip

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

Karen Seligman

Name

7865 Southside Blvd.

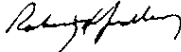
Florida street address (P.O. Box not acceptable)

Jacksonville

FL 32256

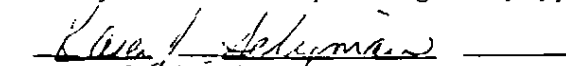
City, State and Zip

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



Signature of 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 and accept the obligations of my position as registered agent.


Signature of Registered Agent

Filing Fee: \$35.00
Certified Copy (optional): \$52.50

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