A29366

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

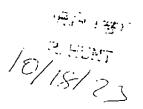
Office Use Only



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SECRETARY DE MAIE



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195	
REFERENCE : 061913 4342287	
AUTHORIZATION: Capell le ma	
COST LIMIT : \$ 35.00	
ORDER DATE : October 11, 2023	
ORDER TIME : 2:46 PM	
ORDER NO. : 061913-194	202
CUSTOMER NO: 4342287	90 63 1
CHANGE OF AGENT	UNISION OF CONFIGNAL AND STANKE CONFIGNAL AND STANK
NAME: WESTCHESTER GARDENS LIMITED PARTNERSHIP	.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY	
CONTACT PERSON: Alexxis Weiland-sorenson	
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. WESTCHESTER	R GARDENS LIMITED F	PARTNERSHIP			
N	lame of Limited Partnershi	p or Limited Liabili	ty Limited Partnership		
2. 12/18/1989	3. A29366				
Date of filin	ng/registration in Florida		Florida document number		
4. The name of the r Department of State:		gistered office addre	ess as shown on the records of the Florida		
	NRAI SERVICES, INC)			
		Name			
1200 South Pine Island Road					
Address					
Plantation, FL 33324					
	Ci	ty, State and Zip			
5. The name and Flo	orida street address of the r	new registered agent	t and/or office:		
	Corporation Service C	Company			
Name					
1201 Hays Street					
Florida street address (P.O. Box not acceptable)					
	Tallahassee		FL_32301		
	Ci	ty, State and Zip	- ,		
6 Such change(s) is	/are effective when filed b	y the Florida Depart	tment of State.		
Xie 2	Coni	·			
Thereby accept the a comply with the prov	esident on behalf of JBGE appointment as registered of visions of all statutes relati	igent and agree to a ve to the proper and	act in this capacity. I further agree to d complete performance of my duties.		
ana Lam jamiliar wil	th an accept the obligation	s of my position as .	registered agent.		
Signature of Register	red Agent	<u></u>			
Grace E. Kirby, Ass	st. Vice President				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50