E AZ	9921
(Requestor's Name) (Address) (Address)	300280066223
(City/State/Zip/Phone #)	01/07/1601019012 **35.00
(Business Entity Name) (Document Number) ertified Copies Certificates of Status	
Special Instructions to Filing Officer: Office Use Only	16 JAN - 7 AH II: 14 SECRETARY OF STATE TALLEARIASSEE, FLORIDA
	JAN 08 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: _	Wildwood Terrace, Ltd.
	STAR OT A STAR STAR STAR STAR STAR STAR STAR

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER:	A29921

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:

	April Cliche
	Contact Person
	Wildwood Terrace, Ltd.
	Firm/Company
311	1 Paces Mill Rd. Ste. A-250
	Address
	Atlanta, GA 30339
	City, State and Zip Code

acliche@hallmarkco.com

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

For further information concerning this matter, please call:

April Cliche	at (770)	984-2100x118
Name of Contact Person	Area Code and	Daytime Telephone Number

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

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

MAILING ADDRESS:

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

INHS04 (01/06)

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	Wildwood Te	errace, Ltd.		
Nar	ne of Limited Partnership or Limi	ited Liability Lin	ited Partnership	
2. 04/11/1990 3. Date of filing/registration in Florida		3	A2992	1
		F	Florida document number	
4. The name of the rep Department of State:	gistered agent and the registered c	office address as s	shown on the reco	ords of the Florida
	Susan A	dams		
	Nam	e		
	4040 West Newberry	Road, Suite	950B	
	Addre	SS		
	Gainesville,	FL 32607		
	City, State	and Zip		
5. The name and Flori	da street address of the new regis	tered agent and/c	r office:	16 SEC
	The Hallmark Co	mpanies, Inc		AR A
	Nam	e		16 JAN - ECNETAR ILAHASS
	4040 West Newberry	Road, Suite	950B	
	Florida street address (P.C). Box not accept	able)	
	Gainesville,	FL	32607	AN II: J DE STA
	City, State			
				ملائمة . العدائمة

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

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