

A 299 33

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

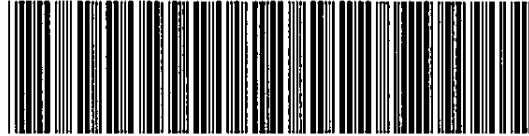
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300280203003

01/07/16--01020--024 **35.00

FILED
16 JAN - 7 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 08 2016

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Oakwood Village Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A29933

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

Oakwood Village Ltd.

Firm/Company

3111 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

Name of Contact Person

at (770) 984-2100x118

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

**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. Oakwood Village Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 04/17/1990 3. A29933
Date of filing/registration in Florida 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:

Susan Adams
Name
4040 West Newberry Road, Suite 950B
Address
Gainesville, FL 32607
City, State and Zip

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

The Hallmark Companies, Inc.
Name
4040 West Newberry Road, Suite 950B
Florida street address (P.O. Box not acceptable)
Gainesville, FL 32607
City, State and Zip

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

Marta HCeter
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.

Marta HCeter
Signature of Registered Agent

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

FILED
16 JAN - 7 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA