

(Re	questor's Name)	-				
(Ad	ldress)					
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PICK-UP	☐ WAIT	MAIL				
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Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer:						
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## **COVER LETTER**

Registration Section					
Division of Corporations					
ECT: Sp	ring Gat	e Man	or Lt	d.	
Name of Limited Partne	rship or Lim	ited Liabi	ility Lir	nited Partnership	
DOCUMENT NUMBER:		A30834			
nclosed Statement of Change of R are submitted for filing.	egistered (	Office a	nd/or l	Registered Agent and	
e return all correspondence concer	ning this r	natter to	:		
April Cliche					
Contact Person					
	.td.		_		
Firm/Company					
3111 Paces Mill Rd. Ste.	A-250				
Address			_		
Atlanta, GA 30339	)				
City, State and Zip Code	;				
acliche@hallmarke	co.com				
-mail address: (to be used for future annu	ial report no	tification)	,	<del></del>	
orther information concerning this	matter, ple	ease call	:		
April Cliche	at (	770	)	984-2100x118	
Name of Contact Person			and Da	ytime Telephone Number	
sed is a \$35.00 check made payab	le to the F	lorida D	epartn	nent of State.	
EET ADDRESS:		MAII	LING	ADDRESS:	
tration Section		Registration Section			
		Division of Corporations			
		P. O. Box 6327			
Executive Center Circle		i allal	nassee	, FL 32314	
	Division of Corporations  PECT: Sp Name of Limited Partne  UMENT NUMBER:	Division of Corporations  Spring Gat Name of Limited Partnership or Lim  UMENT NUMBER:  Inclosed Statement of Change of Registered of are submitted for filing.  Pereturn all correspondence concerning this many and the contact Person  Spring Gate Manor Ltd.  Firm/Company  3111 Paces Mill Rd. Ste. A-250  Address  Atlanta, GA 30339  City, State and Zip Code  acliche@hallmarkco.com  -mail address: (to be used for future annual report no arther information concerning this matter, pleased is a \$35.00 check made payable to the Financial Company and the financial concerning the security of the concerning of Corporations on of Corporations in Building Executive Center Circle	Division of Corporations  Spring Gate Man Name of Limited Partnership or Limited Liabi  UMENT NUMBER:  A30  Inclosed Statement of Change of Registered Office at are submitted for filing.  Pereturn all correspondence concerning this matter to  April Cliche  Contact Person  Spring Gate Manor Ltd.  Firm/Company  3111 Paces Mill Rd. Ste. A-250  Address  Atlanta, GA 30339  City, State and Zip Code  acliche@hallmarkco.com  -mail address: (to be used for future annual report notification)  In their information concerning this matter, please call  April Cliche  April Cliche  April Cliche  Name of Contact Person  Area Code  sed is a \$35.00 check made payable to the Florida D  EET ADDRESS:  tration Section  on of Corporations  n Building  Executive Center Circle  Tallal	Spring Gate Manor Lt  Name of Limited Partnership or Limited Liability Lin  UMENT NUMBER:  A30834  Inclosed Statement of Change of Registered Office and/or are submitted for filing.  Pereturn all correspondence concerning this matter to:  April Cliche  Contact Person  Spring Gate Manor Ltd.  Firm/Company  3111 Paces Mill Rd. Ste. A-250  Address  Atlanta, GA 30339  City, State and Zip Code  acliche@hallmarkco.com  -mail address: (to be used for future annual report notification)  In their information concerning this matter, please call:  April Cliche  April Cliche  at (770)  Name of Contact Person  Area Code and Da  sed is a \$35.00 check made payable to the Florida Departn  EET ADDRESS:  tration Section  on of Corporations  n Building  P. O. Box 6  Tallahassee	

## 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	Spring Gate				
N	ame of Limited Partnership or Lin	mited Liability I	Limited Partnership		
2.	11/15/1990	3.	A3083	4	
Date of filir	Date of filing/registration in Florida		Florida document	ument number	
4. The name of the Department of States	registered agent and the registered	office address a	as shown on the reco	ords of the Florida	
	Susan .	Adams			
	Na	me			
	4040 West Newberr	y Road, Sui	te 950B		
	Add	ress			
	Gainesville	, FL 32607			
	City, State	e and Zip		₹ <sub>0</sub>	
5. The name and Flo	orida street address of the new reg	istered agent and	d/or office:	ECRE	
	The Hallmark C	ompanies, I	nc.	IAS I	
	Nai	me		-7 788 788 788 788 788 788 788 788 788 7	
	4040 West Newbern	y Road, Suit	te 950B	TO P	
	Florida street address (P	O. Box not acce	eptable)	<u> </u>	
	Gainesville,	FL	32607_	SALE SALE	
	City, State	e and Zip		* تـ	
6. Such change(s) is	/are effective when filed by the Fl	lorida Departme	ent of State.		
	- Weten				
Signature of General	Partner				
comply with the prov	ppointment as registered agent an issions of all statutes relative to the han accept the obligations of my	e proper and co	mplete performance	orther agree to e of my duties,	
Signature of Register	red Agent				

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50