

A70834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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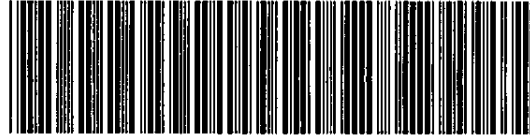
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JAN 08 2016  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Spring Gate Manor Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A30834

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

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

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 )

Area Code and Daytime Telephone Number

984-2100x118

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. Spring Gate Manor Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/15/1990 3. A30834  
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

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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**