## A31246

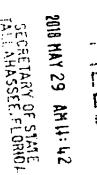
(Requestor's Name)							
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M. MILLIGAN JUN 0 5 2018

## **COVER LETTER**

TO:									
	Division of Cor								
SUBJECT: Oak Terrace Apartments, LLLP  Name of Limited Partnership or Limited Liability Limited Partnership									
DOC	DOCUMENT NUMBER:			A31246					
	nclosed Statemen are submitted for		egistered (	Office ai	nd/or Re	gistered Agent and			
Please	e return all corres	pondence concert	ning this n	natter to	:				
	Mary	Margaret Willian	ms		_				
		Contact Person							
	Cole	eman Talley LLf	P		_				
		Firm/Company							
	910 N	I. Patterson Stre	eet						
		Address							
	Valo	dosta, GA 3160	1						
	City	State and Zip Code							
	marym.w	villiams@colema	antalley.c	om					
E	-mail address: (to be	used for future annu	al report not	ification)	)	<del>-</del>			
For fu	irther information	concerning this	matter, ple	ase call	:				
	Mary Marga	et Williams	at (	678	)	987-0923			
	Name of Contact	Person	A	rea Code	and Dayti	ime Telephone Number			
Enclo	sed is a \$35.00 cl	neck made payabl	le to the Fl	orida D	epartme	ent of State.			
STRI	EET ADDRESS:			MAI	LING A	ADDRESS:			
Registration Section			Registration Section						
Division of Corporations				Division of Corporations					
Clifto	n Building			Box 632					
	Executive Center			Tallal	hassee, l	FL 32314			
Lallal	nassee. FL 32301								

## 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	<u> Oak Ferrace</u>					
Nar	ne of Limited Partnership or	r Limited Liability	Limited Parti	nership		
2. 0	2/28/1991	3.	A	A31246		
Date of filing		Florida document number				
4. The name of the rep Department of State:	gistered agent and the regist	ered office address	as shown on	the records of the Flo	rida	
	C T Corporation					
	Name					
	1200 South	Pine Island R	oad			
	,	Address			~	
	25 O	, E				
	City,	State and Zip		34		
5. The name and Flor	ida street address of the new	registered agent a	nd/or office:	ASS	2018 MAY 29	
	The Hallmarl	k Companies,	Inc.	<u> </u>	_ 유 구	
		Name			OF STATE	
	4040 Newberr	y Road, Suite	950B	, and the second second	2	
	Florida street addres	s (P.O. Box not ac	ceptable)		-	
	Gainesvill		L32607	<u>,                                     </u>		
	City,	State and Zip				
6. Such change(s) is/a	re effective when filed by th	ne Florida Departn	ent of State.			
Mai	tim Wente	se				
Signature of General f	artner Martin H. Petersei	n, Manager of Ha	Hmark Grou	p Services, LLC		
comply with the provis and Lam familiar with	pointment as registered age sions of all statutes relative to an accept the obligations of	to the proper and of my position as re	complete perfo gistered agen	ormance of my duties, t.		
Signature of Registere	d Agent Martin H. Peterso	en, President of T	he Hallmark	Companies, Inc.		

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50