A 31690		
(Requestor's Name) (Áddress) (Address)	600417127326	
(City/State/Zip/Phone #)	2023 OCT 18 PH I2: 40	
Certified Copies Certificates of Status	RECEIVED 2023 OCT 18 PM 3: 36 SEORETARY OF STATE MULTAHASSEE, FLOWID,	
Office Use Only	State of the state	

10/18/23

CORPORATION SERVICE COMPANY 1201 Ha**y**s Street Tallhassee, FL 32301 Phone: 850-558-1500

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, <sup>,</sup>

	ACCOUNT NO.	: I2000000195	
	REFERENCE	: 061913 4342287	
	AUTHORIZATION	Synetselenan	
	COST LIMIT	: 75 35.00	
ORDER DATE :	October 11, 2023		
ORDER TIME :	2:45 PM		01Vis 2023
ORDER NO. :	061913-150		DIVISION 2023 OCT
CUSTOMER NO:	4342287		DCT 18
			φ <b>γ</b> ,
	CHANGE OF A	GENT	PH 12: 40

NAME: SCOTTISH TOWERS II APARTMENTS LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPYXXPLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

## 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 SCOTTISH TOWERS II APARTMENTS LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership		
2. 06/25/1991	3 A31690	
Date of filing/registration in Florida	Florida document number	
4. The name of the registered agent and the registered Department of State:	d office address as shown on the records of the Florida	

NRAI SERVICES, INC

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City. State and Zip

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

Corporation Service Company

Name

8

1201 Hays Street

Florida street address (P.O. Box not acceptable)

Tallahassee

City. State and Zip

32301

FL.

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

Signature of General Partner

fill Cillini. Vice President on behalf of JOHN B. GOODMAN ENTERPRISES. INC., General Partner Thereby 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 ham familiar with anaccept the obligations of my position as registered agent.

S Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

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