

A33204

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : BARNETT, BOLT, KIRKWOOD, LONG & ROCHE, A.A.
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
THE ENCLAVE (U.S.) LIMITED PARTNERSHIP

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

OCT 24 2017
J. HARRIS

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**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. THE ENCLAVE (U.S.) LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/20/1992

Date of filing/registration in Florida

3. A33204

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:

CHRISTOPHER ANGELO

Name

11406 N. DALE MABRY HWY, STE. C21

Address

TAMPA, FL 33618

City, State and Zip

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

DAVID L. KOCHÉ

Name

601 BAYSHORE BLVD, STE. 700

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

TAMPA

FL 33606

City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
TAMPA MEDICAL PROPERTIES II, LLC

By:

Signature of General Partner Rodolfo Garl, Jr., President

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.

Signature of Registered Agent

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