A 97000000020

(Re	questor's Name)	,
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	ne #)
PICK-UP		MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

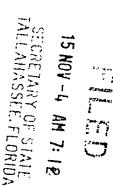




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COVER LETTER

Division of Corporations				
SUBJECT: SUNRISE APARTM				
Name of Limited Partnership	or Limited Liability Limited	Partnership		
DOCUMENT NUMBER:	A93000000020			
The enclosed Statement of Change of Regis fee(s) are submitted for filing.	stered Office and/or Regi	stered Agent and		
Please return all correspondence concerning	g this matter to:			
CHERYL COOKE				
Contact Person				
SUNRISE APARTMENTS OF GAINES	SVILLE, LTD.			
Firm/Company				
P.O. BOX 358778				
Address				
GAINESVILLE, FL 32635	5			
City, State and Zip Code				
CCOOKE@GREMCO.	СОМ			
E-mail address: (to be used for future annual re	eport notification)			
For further information concerning this mat	tter, please call:			
CHERYL COOKE	_at (<u>352</u>)	264-7181		
Name of Contact Person	Area Code and Daytime	Telephone Number		
Enclosed is a \$35.00 check made payable to	o the Florida Department	of State.		
STREET ADDRESS:	MAILING AD	DRESS:		
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P. O. Box 6327			
2661 Executive Center Circle	Tallahassee, FL	32314		
Tallahassee, 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.

	NRISE APARTMENT					
N	ame of Limited Partnership or Li	mited Liabili	ity Lin	nited Partnership		
2	12/31/1992	3		A930000	00020	
Date of filin	g/registration in Florida		f	lorida documer	it number	
4. The name of the r Department of State:	egistered agent and the registered	l office addre	ess as s	shown on the rec	cords of the Florida	
	CHERYL	COOKE				
	Name					
	2040 NW 67TH PLACE					
	Address					
	GAINESVILLE, FL 32653			15 ALL		
	City, Stat	e and Zip	·		CRE N	يون!
5. The name and Flo	orida street address of the new reg	sistered agen	it and/c	or office:	NOV -4 DRETARY AHASS	i digizza Militaria
	CHERYL	COOKE				i en
	Na	me		•••		F J
	4127 NW 27TH	LANE SL	JITE (С	7: 12 STATE LORIDA	harma
	Florida street address (P	O. Box not	accept	able)		
	GAINESVILLE		_FL_	32606	•	
	City, Stat	e and Zip				
6. Such change(s) is	/are effective when filed by the F	lorida Depar	rtment	of State.		
Signature of General	Partner					
comply with the prov	ppointment as registered agent a isions of all statutes relative to th than accept the colligations of my red Agent	ie proper an	d comp	olete performan		
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50