

A93000000450

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

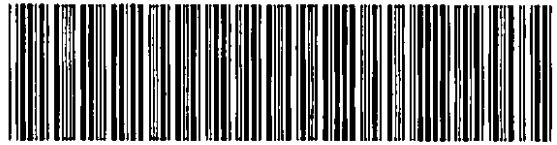
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/09/20--01007--003 **35.00

10/09/20--01007--004 **52.50

FILED

2020 OCT -9 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FL

IVY CHASE APARTMENTS, LTD.

**11635 NW 1st Avenue
Gainesville, FL 32607
352-332-0838**

October 8, 2020

Mr. Sean Toner
Assistant Director
DIVISION OF CORPORATIONS
Center of Tallahassee
2415 N. Monroe St. Suite 810
Tallahassee, FL 32303

RE: Ivy Chase Apartments, Ltd., Document Number A93000000450

Dear Sean:

Enclosed please find the Statement of Change of Registered Office and Registered Agent and checks covering the fees for covering the Filing Fee and the Certified Copy.

Gail W Curtis is the General Partner of this limited partnership. She is requesting that the Registered Agent and Registered Office be returned to her. Please reinstate her and her office. Mr. Burpee had no authority to make himself the registered agent or change the registered office and did not seek the approval of Ms. Curtis.

Is it possible to place a request that no changes be filed to this limited partnership without the approval and express direction of Mrs. Curtis?

Thank you for your assistance.

Sincerely,



Sue Butler for Gail W Curtis

Email: suebutler@jotar.com or gailcurtis@jotar.com (cell 352-281-1860)

Attachments: 1) Cover Letter, 2) Statement of Change of Both. Registered Office, and Registered Agent, and 3) Checks in the Amount of \$35/Filing Fee and \$52.50 Certified Copy

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ivy Chase Apartments, Ltd.

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A93000000450

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:

Gail W Curtis

Contact Person

Ivy Chase Apartments, Ltd.

Firm/Company

11635 NW 1st Avenue

Address

Gainesville, FL 32607

City, State and Zip Code

gailcurtis@jotar.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gail W Curtis

at (352) 281-1860

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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. Ivy Chase Apartments, Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/03/1993 3. A93000000450
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:

John Burpee
Name

11683 87th St
Address

Largo, FL 33773
City, State and Zip

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

Gail W Curtis
Name

11635 NW 1st Avenue
Florida street address (P.O. Box not acceptable)

Gainesville, FL FL 32607
City, State and Zip

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

Gail W. Curtis
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.

Gail W. Curtis
Signature of Registered Agent

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

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