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TALLAHASSEE, FI DRIID.

T. Burch JAN - 6. 20



DECEMBER 17, 2014

AMENDMENT SECTION
DIVISION OF CORPORATIONS
PO Box 6327
TALLAHASSEE, FLORIDA 32314

RE: FLORIDA TAX CREDIT FUND II, LTD. (DOCUMENT NUMBER A9400000426)

To WHOM IT MAY CONCERN:

PLEASE FIND ENCLOSED:

- 1. THE STATEMENT OF CHANGE OF REGISTERED OFFICE AND AGENT FOR FLORIDA TAX CREDIT FUND II, LTD AND
- 2. A CHECK IN THE AMOUNT OF \$35 FOR THE FILING OF CHANGES TO FLORIDA TAX CREDIT FUND II, LTD.

Please address all correspondence in regards to these matters to Jeffrey Rachlin at 2975 Westchester Avenue Suite 410 Purchase, New York 10577 with copies sent to Paul Giovannetti at 2403 River Tree Circle, Sanford, Florida 32771.

VERY TRULY YOURS

CRYSTLE PARKISH,

ADMINISTRATIVE ASSISTANT, CAG REALTY SERVICES, INC.

COVER LETTER

TO: Registration Section Division of Corporations				
	REDIT FUND II, LTD.			
Name of Limited Partnership or L	imited Liability Limited Partnership			
DOCUMENT NUMBER:	A94000000426			
The enclosed Statement of Change of Registere fee(s) are submitted for filing.	d Office and/or Registered Agent and			
Please return all correspondence concerning this	s matter to:			
Jeffrey Rachlin				
Contact Person				
Bartow Management, Inc.				
Firm/Company				
2975 Westchester Ave., Suite 41	0			
Address				
Purchase, NY 10577				
City, State and Zip Code				
•				
jrachlin@ipdetc.com E-mail address: (to be used for future annual report	notification)			
2 min address. (to be used for fature difficult report	notification)			
For further information concerning this matter,	please call:			
Linda Peters	914 ₎ 701-0300 ext 1102			
Name of Contact Person	Area Code and Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the	Florida Department of State.			
STREET ADDRESS:	MAILING ADDRESS:			
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.

1Nam	FLORIDA TAX CRED te of Limited Partnership or Limited					
203	03/31/1994 3. A94000		* 0 4000000	000426		
4. The name of the reg Department of State:	istered agent and the registered offic	e address as s	shown on the record	s of the F	lorida	
-	JUBELT, PA	AUL		1	- ,	
3700 S. CONWAY ROAD SUITE 212						
Address						enery Y
ORLANDO, FL 32812				E TA	5	- And place
	City, State and	Zip		3SE Yay	22	
5. The name and Florid	da street address of the new registere	d agent and/o	or office:	OF S	PM 4:49	17
_	Paul Giovan	netti		ORI	÷.	
	Name			D.F.	G	
2403 River Tree Circle						
Florida street address (P.O. Box not acceptable)						
-	Sanford City, State and	FL_	32771			
	City, State and	Zip		•		
6. Such change(s) is/ar Signature of General Pa	effective when filed by the Florida	i Department	of State.	•••		
I hereby accept the app comply with the provisi	pointment as registered agent and agens of all statutes relative to the promace an accept the obligations of my posi	per and comp	plete performance o ered agent.			
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50