## A9700000293

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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B. KOHR

DEC 2 7 2011

**EXAMINER** 



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DEPARTMENT OF STATE STATES
DIVISION OF SCREEN OR 10 PM

SECRETARY OF STATE STATE OF CORPORATIONS

11 DEC 22 AM 8: 02



## **CT** Corporation

1203 Governors Square Blvd. Suite 101 Tallahassee, FL 32301-2960 850 222 1092 tel 850 222 7615 fax www.ctcorporation.com

December 21, 2011

OWEGO OF STATIONS
ON STATIONS

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 8336804 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Picerne Lake Weston Apartments Limited Partnership (FL) Change of Agent Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

## 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.

• •	ICERNE LAKE WES					
	Name of Limited Partn	ership or Limited L	iability Lim	ited Partnershi	р	
2. 02/03/1997			3.	A97000000293		
Date of filing/registration in Florida		da	3. A9700000293  Florida document number			
4. The name of the Department of State	registered agent and the:	ne registered office	address as sl	nown on the re	cords of the Florid	
		W. TERRY COST	OLO			
		Name				
	301 E. PINE ST., STE 1400					
		Address				
		ORLANDO FL 32	801			
		City, State and Z	ip			
5. The name and F	lorida street address of	the new registered	agent and/or	office:		
	(	C T Corporation Sy.	stem			
		Name				
	120	00 South Pine Island	d Road			
	Florida stree	t address (P.O. Box	not accepta	ble)		
	Pla	ntation,	FL	33324		
		City, State and Z	<u></u> ip			
6. Such change(s) i	s/are effective when fi	led by the Florida D	Department o	f State.		
KWXZDA	el.					
Signature of Genera		<del></del>				
Kristin Bold	en, Secretary of PICEF appointment as registe	RNE LAKE WEST	ON DEVEL	OPMENT, INC	C, its GP	
	visions of all statutes r					
Jan M. Do	ith an accept the oblig  James	M. Halpin	n as registei	ed agent.		
Signature of Registe	ered Agent Assistar	it Secretary				
Filing Fee:	\$35.0	0				
<b>Certified Copy</b>	(optional): \$52.5	0				