

A98000002650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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11 AUG 25 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 25 2011

**CSC**

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 865339 7830453

AUTHORIZATION :

COST LIMIT : \$ 35.00 sm

ORDER DATE : August 2, 2011

ORDER TIME : 11:24 AM

ORDER NO. : 865339-267

CUSTOMER NO: 7830453

CHANGE OF AGENT

NAME: CEDAR GROVE APARTMENTS, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Stephanie Milnes -- EXT# 2920

EXAMINER: \_\_\_\_\_

**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. CEDAR GROVE APARTMENTS, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/01/1998

Date of filing/registration in Florida

3. A98000002650

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:

NRAI Services, Inc.

Name

515 E. Park Avenue

Address

Tallahassee, FL 32301

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee FL 32301

City, State and Zip

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

Maureen Cathell

Signature of General Partner

Maureen Cathell, Authorized Person on behalf of CAH-IDA Cedar Grove LLC, its 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.*

Corporation Service Company

By: Grace E. Kirby

Signature of Registered Agent Grace E. Kirby, Assistant VP

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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