

10/26/2017

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE
SUMMERLAKE APARTMENTS, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$35.00

2017 OCT 27 AM 9:06

FALL APARTMENTS, LTD.

2017 OCT 27 AM 9:06

77-046 - 65-07/2707 C I System Online

**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. SummerlakeApartments.Ltd.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/28/1999 3. A99000000190
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:

Roth,Jeffrey
Name

866SouthDixieHighway
Address

CoralGables,FL33146
City, State and Zip

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

CTCorporationSystem
Name

1200SouthPinelIslandRoad
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324
City, State and Zip

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

Please See Attached

Signature of General Partner

Please See Attached

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.

Angel Shearer Angel Shearer, Assistant Secretary
Signature of Registered Agent

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

2017 OCT 27 1 35

Summerlake Apartments, Ltd.

By: Alden GP-FL, LLC, its general partner

By: Alden Affordable Holdings, LLC, its sole member

By: *Alison Wadle*

Name: Alison Wadle

Title: Executive Vice President and Secretary

2017 OCT 27 A 0:35