10/26/2017

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000283155 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

ج.

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

Email	Address:	_			
			1:		

REGISTERED AGENT CHANGE SUMMERLAKE APARTMENTS, LTD.

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

## **COVER LETTER**

TO: Registration Section								
Division of Corporations								
SUBJECT: Summerlake Apartments, Ltd.  Name of Limited Partnership or Limited-Liability Limited Partnership								
Name of Limited Partnership or Lim	ited-Liability Limited Partnership							
DOCUMENT NUMBER:	A99000000190							
The enclosed Statement of Change of Registered fee(s) are submitted for filing.	Office and/or Registered Agent and							
Please return all correspondence concerning this r	natter to:							
KenayaCamacho								
Contact Person								
AldenTorchFinancial								
Firm/Company								
122517thStreet,STE1400								
Address	F 3							
Denver,Colorado80202								
City, State and Zip Code								
kenaya.camacho@aldentorch.com	بن ع							
E-mail address: (to be used for future annual report no	diffication)							
For further information concerning this matter, pla	ease call:							
at (	1							
Name of Contact Person A	) rea Code and Daytime Telephone Number							
Enclosed is a \$35.00 check made payable to the F	lorida Department of State.							
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314							

INHS04 (01/06)

## 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.	Summeriako;	vpariments.i.i.u.		
	Same of Limited Partnership or Lir	nited Linivility Li	mited Partnership	
2	01/28/1999	3.	A99000000190	)
Date of fili	ng/registration in Florida		Florida document nur	nber
4. The name of the Department of State	registered agent and the registered	office address as	shown on the records	of the Florida
	Roth,J	effrey		
	Na	me	· · ·	
	866SouthDixieHighway Address			
	CoralGable	s.FL33146		
	City, Stat	e and Zip	<del></del>	
5. The name and Fl	lorida street address of the new reg	istered agent and	for office:	·
	CTCorpora	tionSystem		ر <del>)</del>
	Na	me		i
	1200SouthPir	relslandRoad		
	Florida street address (P.O. Box not acceptable)			
	Plantation,	· FL	33324	ج.
	City, Stat	FL and Zip		لب ا <b>ن</b>
6. Such change(s)	is/are effective when filed by the F	lorida Departmen	r of State,	<b>.</b>
Please See Attache	d			
Signature of Genera	ll Partner			
I hereby accept the comply with the pro ang I am familiar w	SeeAttached appointment as registered agent a wisions of all statues relative to the other an accept the obligations of my	ic proper and con position as regis	uplete performance of	er agree to my duiles,
(Mel Su	arur Angel Shearer, Assis	tant Secretary		
Signature of Regist	ered Agent			
Filing Fee:	\$35.00			

Certified Copy (optional): \$52.50

Summerlake Apartments, Ltd.

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

By: Alden Affordable Holdings, LLC, its sole member

By: Ola weals

Name: Alison Wadle

Title: Executive Vice President and Secretary

6.0 V 6.6 25 V 0. 3