



Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : GREENSPOON MARDER, P.A.
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GM FILE NO. 31028.0006

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Email Address: thefallsmb@tapinfallsltd.com

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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**REGISTERED AGENT CHANGE
THE FALLS AT MARINA BAY HOLDINGS, L.P.**

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3/1/2024

1/1/2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE FALLS AT MARINA BAY HOLDINGS, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B000000000008

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JENNIFER SZALAS

Contact Person

TAPLIN DEVELOPMENT CORPORATION

Firm/Company

13651 N.W. 4TH STREET

Address

PEMBROKE PINES, FL 33028

City, State and Zip Code

thefallsmb@taplinfallsld.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jennifer Szalas

Name of Contact Person

at (954) 437-1435

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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. THE FALLS AT MARINA BAY HOLDINGS, L.P.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/11/2000 3. 800000000008
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:

LILIAN GIL
Name
13651 N.W. 4TH STREET
Address
PEMBROKE PINES, FL 33028
City, State and Zip

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

JENNIFER RACHEL SZALAS
Name
13651 N.W. 4TH STREET
Florida street address (P.O. Box not acceptable)
PEMBROKE PINES FL 33028
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
FALLS AT MARINA BAY HOLDINGS, INC.

BY: [Signature]
Signature of General Partner, JACK TAPLIN, PRESIDENT

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.

[Signature]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA