

B00000000272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

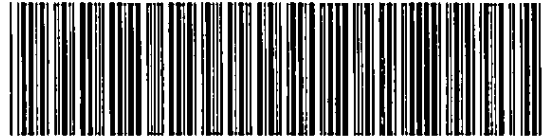
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 FEB - 1 PM 4:16

K. SALY

FEB 2 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 30, 2018

Order#: 032979-092

Re: CROWNE ST. LUCIE ASSOCIATES, LIMITED PARTNERSHIP

Enclosed please find:

XX___ Change of Registered Agent and Office.

XX___ Check in the amount of \$35___.

Please take the following action:

XX___ File in your office on a routine basis.

XX___ Issue Proof of Filing.

XX___ Please return evidence to the following:

Attn: Ami Casper
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

XX___ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

**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. CROWNE ST. LUCIE ASSOCIATES, LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/06/2000

Date of filing/registration in Florida

3. B00000000272

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

1200 South Pine Island Road

Address

Plantation FL 33324

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.

Jill E. Cilmi
Signature of General Partner

Jill Cilmi, Authorized Person on behalf of Crowne St. Lucie, LLC, 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

By: Ami M. Casper

Signature of Registered Agent

Ami M. Casper, Asst. Vice President

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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STATE
SECRETARY OF CORPORATIONS
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