B02000000009

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DATE:

6/29/15

NAME: VAN METRE NORTHLAKE PARK APARTMENTS, LP

TYPE OF FILING: CHANGE OF AGENT

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35.00

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COVER LETTER

| Division of Corporations | | | | |
|--|--------------------------|-----------------------|--|--|
| SUBJECT: VAN METRE NORTH Name of Limited Partnership | LAKE PARK APA | ARTMENTS, L.P. | | |
| DOCUMENT NUMBER: | B020000000 | - | | |
| DOCUMENT NUMBER: | Dozooo | | | |
| The enclosed Statement of Change of Regis fee(s) are submitted for filing. | stered Office and/or R | egistered Agent and | | |
| Please return all correspondence concerning | this matter to: | | | |
| Ryan DeAnda | | | | |
| Contact Person | | | | |
| Registered Agent Solutions, | Inc. | | | |
| Firm/Company | | | | |
| 1701 Directors Blvd Ste. 30 | 00 | | | |
| Address | | | | |
| Austin Texas 78744 | | | | |
| City, State and Zip Code | | | | |
| clientservices@rasi.c | om | | | |
| E-mail address: (to be used for future annual re | port notification) | | | |
| For further information concerning this mat | ter, please call: | | | |
| Ryan DeAnda | _at (<u>888</u>) | 705-7274 | | |
| Name of Contact Person | Area Code and Day | time Telephone Number | | |
| Enclosed is a \$35.00 check made payable to | the Florida Departm | ent of State. | | |
| STREET ADDRESS: | MAILING ADDRESS: | | | |
| Registration Section | Registration Section | | | |
| Division of Corporations | Division of Corporations | | | |
| Clifton Building | P. O. Box 6327 | | | |
| 2661 Executive Center Circle | Tallahassee, | FL 32314 | | |
| Tallahassee, FL 32301 | | | | |

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. VAN M | IETRE NORTHLAKE | PARK AF | PARTMENTS, L.F | ٥. |
|--|---|---------------------------|--|--|
| Nai | me of Limited Partnership or Lie | nited Liability 1 | Limited Partnership | |
| | 1/08/2002 | 3 | B0200000000 | |
| Date of filing | registration in Florida | | Florida document numb | er |
| 4. The name of the re Department of State: | gistered agent and the registered | office address | us shown on the records of | The Florida |
| | NRAI SER | /ICES, INC | | |
| | Na | me | | |
| | 1200 South Pir | ne Island Ro | ad | |
| | Add | ress | | |
| | Plantation, | | · · · · · · · · · · · · · · · · · · · | |
| | City, Stat | e and Zip | | |
| 5. The name and Flor | ida street address of the new reg | ist ered a gent ar | d/or office: | |
| | Registered Ager | t Solutions, | Inc. | |
| | Na | me | | SS (3) |
| | 155 Office Pla | za Dr. Suite | Α | irio 🚆 |
| | Florida street address (P | .O. Box not acc | eptable) | <u> </u> |
| | Tallahassee | F | 32301 | JUN 29 AM 10: 06 MARKSSEEL FLORID. LANASSEEL FLORID. |
| | City, Stat | e and Zip | | Z.₩ |
| 6. Such change(s) is/a | re effective when filed by the F | | | |
| marit | | By: Van Melre Apartm | nents, L.L.L.P., its general partner ents trivestments, L.L.C., its general p | ertrier |
| Signature of General F | Partner O | | el Associates, inc., da manager Chief Financial Officer | |
| comply with the provis and I am familiar with | pointment as registered ugent a stons of all statutes relative to the an accept the obligations of my | c proper and c | implete performance of m | agree to y duties, |
| Filing Fee: | \$35 AA | | | |

Certified Copy (optional): \$52.50