(Requ	iestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ument Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fi	iling Officer:	-
	LER IN	
		

Office Use Only



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RECEIVED

CSC - Tallahassee CSC 1201 Hays Street Tallahassee, FL 32301-2607

850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 02/07/25 Order #: 1819543-3

Re: Greystone Housing Impact Investors LP

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

response na Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Shauna Godbolt c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

COVER LETTER

TO: Registration Section Division of Corporations	
•	vestors I P
SUBJECT: Greystone Housing Impact In	rship or Limited Liability Limited Partnership
	·
DOCUMENT NUMBER: B0500000039	99
The enclosed Statement of Change of Refee(s) are submitted for filing.	egistered Office and/or Registered Agent and
Please return all correspondence concern	ning this matter to:
Contact Person	
Firm/Company	
Address	
City, State and Zip Code	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this	matter, please call:
	at ()
Name of Contact Person	Area Code and Daytime Telephone Number
Enclosed is a \$35.00 check made payable	le to the Florida Department of State.
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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.

	Name of Limited Partnership or Lin	nited Liability Limited Partnership
2. 09/14/2005		3. B05000000399
	filing/registration in Florida	Florida document number
4. The name of the Department of S		office address as shown on the records of the Florid
	CT Corporation System	
	Nai	me ?
	1200 SOUTH PINE ISLAND	ROAD
	Add	ress
	PLANTATION, FL 33324). :
	City, State	e and Zip
5. The name and	d Florida street address of the new reg	istered agent and/or office:
	Corporation Service Compar	¬у
	Corporation Service Compar	<u>·</u>
	··	<u>·</u>
	Nar	me
	Nar 1201 Hays Street	me

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 an accept the obligations of my position as registered agent.

Shauna Godbolt

\$35.00

Certified Copy (optional): \$52.50 COA-74189

Filing Fee: