

B070000000004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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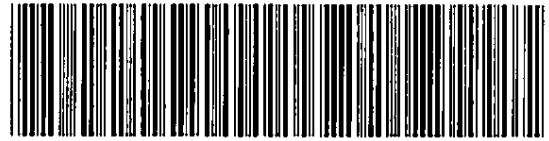
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 13 2023

D CONNELL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 618760 8407218

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : March 28, 2023

ORDER TIME : 1:43 PM

ORDER NO. : 618760-041

CUSTOMER NO: 8407218

CHANGE OF AGENT.

NAME: I.S. THREE AUSTIN/GABLES
LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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☒ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

**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. I.S. THREE AUSTIN/GABLES LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/08/2007

Date of filing/registration in Florida

3. B07000000004

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.

Derek Ettinger Derek Ettinger, Vice President on behalf of I.S. One Corporation, General Partner
Signature of 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.

Grace E. Kirby
Signature of Registered Agent
Grace E. Kirby, Asst. Vice President

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

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2008 APR 12 PM 1:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA