

**BOYD 273**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H19000128003 3)))



H190001280033ABCY

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : 12C16CCC0048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** \_\_\_\_\_

**REGISTERED AGENT CHANGE  
ROYAL TALLAHASSEE PARTNERSHIP II LIMITED  
PARTNERSHIP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

4/19/19 DS

(((H19000128003 3)))

**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. ROYAL TALLAHASSEE PARTNERSHIP II LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 8/21/2007  
Date of filing/registration in Florida

3. B07000000278  
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:

C T CORPORATION SYSTEM  
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:

Capitol Corporate Services, Inc.  
Name  
515 East Park Avenue 2nd Fl  
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.

Steve Beinke  
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.*

Delanie Case  
Signature of Registered Agent  
Delanie Case, Asst. Secretary on behalf  
of Capitol Corporate Services, Inc.

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

(((H19000128003 3)))