

B110000000 116

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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ALBANY CO.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHELBOURNE TOWERS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B11000000116

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

FREDERICK GRACE

Contact Person

GRACE DEVELOPMENT

Firm/Company

3309 FAIRMONT DRIVE

Address

NASHVILLE TN 37203

City, State and Zip Code

RSFIELD@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT FIELD

Name of Contact Person

at () 561-459-2770

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. SHELBOURNE TOWERS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/06/2011 3. B11000000116
Date of filing/registration in Florida 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:

CORPORATION SERVICE COMPANY
Name
1201 HAYS ST.
Address
TALLAHASSEE, FL 32301
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

ROBERT FIELD
Name
241 BRADLEY PLACE
Florida street address (P.O. Box not acceptable)
PALM BEACH FL 33480
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.


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.


Signature of Registered Agent

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

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