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Division of Corporations

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REGISTERED AGENT CHANGE LANDMARK AT GRAYSON PARK LP

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AUG 1 8 2016

S. YOUNG

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COVER LETTER

	vision of Corporations							
SUBJECT	UBJECT: LANDMARK AT GRAYSON PARK, LP							
	Name of Limited Partnership	or I	Limit	ed Liabil	ity :	Limited Partnership		
DOCUMI	ENT NUMBER:							
	sed Statement of Change of Regissubmitted for filing.	tere	d O	ffice an	. d /c	or Registered Agent and		
Please retu	arn all correspondence concerning	thi	is m	atter to:				
	Morgan Stevens				_			
	Contact Person							
	Rinaldi, Finkelstein & Franklin, LL	C						
	Firm/Company							
	591 W Putnam Ave							
	Address				_			
	Greenwich, CT 06830		•					
	City, State and Zip Code							
	mstevens@starwood.com	1						
E-mail	address: (to be used for future annual re	por	t noti	fication)				
For furthe	r information concerning this mat	ter,	ple	ase call:	:			
	Morgan Stevens	at	(203)	4855102		
Na	me of Contact Person		Ar	ca Code a	and	Daytime Telephone Number		
Enclosed i	is a \$35.00 check made payable to	th	e Fl	orida De	epa	artment of State.		
STREET	ADDRESS:			MAII	LIN	NG ADDRESS:		
	on Section					tion Section		
Division of	of Corporations					of Corporations		
Clifton Building			P. O. Box 6327					

Tallahassee, FL 32314

INHS04 (01/06)

2661 Executive Center Circle

Tallahassee, FL 32301

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.	ANDMARK AT (GRAYSON:	PARK, I	LP		
	Name of Limite	d Partnership or Li	imited Liabil	ity Limi	ted Partners!	hip	
2.	11/17/2011		3.		B11000	000227	
_	Date of filing/registration	in Florida	_	orida docum	locument number		
	The name of the registered agen partment of State:	at and the registered	d office addr	ess as sl	nown on the	records of the F	lorid
·		፣ ለጥ	M LLC				7
			ame				7
				•			
		3505 E FRONTA Ad	dress	16 150			
		'ΓΔ ΜΡΔ	FL 33607				
			te and Zip				
		-	,		~~		
5. 7	The name and Florida street add	iress of the new re	gistered agei	nt and/or	roffice:		
			ation Systen	1			
		N	ame				
		1200 South Pi	ine Island Ro	ad			
	Flori	da street address (P.O. Box no	t accepta	able)		
		Plantation,		_FL_	33324		
	•	City, Sta	te and Zip	· ~	·		
۸ ،	Such change(s) is/are effective	when filed by the l	Florida Dena	rtment e	of State		
0	ouch change(s) is are elective	- Anen Med by the	romed Dope	,,			
			_				
_	nature of General Partner Nick Antonopoulos, Authorized	d Darron					
I he	rrick Antonopoulos, Aumorized weby accept the appointment as	a registered agent (and agree to	act in t	his capacity.	I further agree	to
con	iply with the provisions of all s	tatutes relative to t	he proper a	nd comp	lete perform	ance of my dutie	25,
and	I am familiar with an accept to	he obligations of m	y position a	s registe	red agent.		
	Agners						
Sign	nature of Registered Agent		_				
	Agnes Broszczak, Assistant S	ecretary					
	ing Fee: rtified Copy (optional):	\$35.00 \$52.50					