## 312000000277

Office Use Only



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ENVISION OF CORPOR X E,CEIVED

2 HINT 10//8/23 CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 061913

AUTHORIZATION : Open Common authorization :

COST LIMIT : \$35.00

ORDER DATE: October 11, 2023

ORDER TIME : 2:43 PM

ORDER NO. : 061913-103

CUSTOMER NO: 4342287

## CHANGE OF AGENT

NAME: MPLE MANOR APARTMENTS LIMITED

PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

M23 ACT 1.8 PM 15: L

## 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.

| •                                         | tame of Chilited Partnership or                                                                       | Limited Liability Limited Partners   | hip                    |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------|--------------------------------------|------------------------|
| 11/26/2012                                | 3. B12000000277                                                                                       |                                      |                        |
| Date of fili                              | Date of filing/registration in Florida Florida docum                                                  |                                      | nent number            |
| 4. The name of the<br>Department of State |                                                                                                       | red office address as shown on the   | records of the Florida |
|                                           | NRAI SERVICES, INC                                                                                    |                                      |                        |
|                                           | ì                                                                                                     | Name                                 |                        |
|                                           | 1200 South Pine Island Ro                                                                             | oad                                  |                        |
|                                           | A                                                                                                     | ddress                               |                        |
|                                           | Plantation, FL 33324                                                                                  |                                      |                        |
|                                           | City, St                                                                                              | tate and Zip                         |                        |
| 5. The name and Flo                       | orida street address of the new r                                                                     | registered agent and/or office:      |                        |
|                                           | Corporation Service Company  Name  1201 Hays Street  Florida street address (P.O. Box not acceptable) |                                      | 2023                   |
|                                           |                                                                                                       |                                      | 00                     |
|                                           |                                                                                                       |                                      | 183 OCT 18             |
|                                           |                                                                                                       |                                      |                        |
|                                           | Tallahassee                                                                                           | FI 32301                             | P 3x = 7               |
|                                           | City. St                                                                                              | tate and Zip                         | 12:40                  |
| 6. Such change(s) is                      | /are effective when filed by the                                                                      | Florida Department of State          | 0                      |
| X                                         | 7 0 0                                                                                                 | Torra Department of State.           |                        |
| Signature of General                      | Parts of                                                                                              | _                                    |                        |
|                                           |                                                                                                       | GOODMAN ENTERPRISES, INC             | General Partner        |
| hereby accept the a                       | ippointment as registered agent                                                                       | t and agree to act in this capacity. | I further agree to     |
| comply with the prov                      | visions of all statutes relative to                                                                   | the proper and complete performa     | ince of my duties.     |
| ind I am jamiliar wi<br>N                 | th an accept the obligations of i                                                                     | my position as registered agent.     |                        |
| I have T                                  | -Kuble                                                                                                |                                      |                        |
| Signature of Registe                      |                                                                                                       |                                      |                        |
| Grace E. Kirby, As                        | st. Vice President                                                                                    |                                      |                        |
| •                                         |                                                                                                       |                                      |                        |

Certified Copy (optional): \$52.50