

Division of Corporations

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B1300000108

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)617-6333

## From:

Account Name : GREENSPOON WARDER, P.A.  
Account Number : 076064003722  
Phone : (888)491-1120  
Fax Number : (954)343-6962

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

Email Address: jmillier@efrhinvestments.com

REGISTERED AGENT CHANGE  
LANDMARK AT ATRIUM COMMONS, LP

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 1       |
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Corporate Filing Menu

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J. HARRIS

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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. Landmark at Altium Commons, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 04/16/2015 3. R13000000108  
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:  
Elco Landmark Residential Management LLC  
Name  
4890 W Kennedy Blvd Suite 240  
Address  
Tampa, FL 33609  
City, State and Zip
5. The name and Florida street address of the new registered agent and/or office:  
Joseph G. Lubeck  
Name  
11911 US Highway 1, Suite 204  
Florida street address (P.O. Box not acceptable)  
North Palm Beach, FL 33468  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State,  
**JACKSON SQUARE GP, LLC**

By: \_\_\_\_\_

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
Filing Fee: \$35.00  
Certified Copy (optional): \$22.50

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