

9/4/2011 12:01

From: To: 850676380

1/3 )

Division of Corporations

Page 1 of 1

**B13 000000310**

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.

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

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

REGISTERED AGENT CHANGE  
LANDMARK AT ALEXANDER POINTE, LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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Please print date of submission: 9/2

B13-310

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Landmark at Alexander Pointe LP  
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B13000000310

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:

\_\_\_\_\_  
Contact Person  
\_\_\_\_\_  
CT Corporation System  
\_\_\_\_\_  
Firm/Company  
\_\_\_\_\_  
515 East Park Avenue  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Tallahassee, FL 32301  
\_\_\_\_\_  
City, State and Zip Code  
\_\_\_\_\_  
sharris@lataps.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Molavghin at ( 813 ) 281-2907  
Name of Contact Person 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

TNHS04 (01/06)

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2014 SEP - 2 PM 10: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 Alexander Pointe LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. CT Corporation System 3. By:  
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:

Elce Landmark Residential Management LLC  
Name  
1201 HAYS STREET  
Address  
TALLAHASSEE, FL 32301-2525  
City, State and Zip

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

CT Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)  
Plantation, FL 33324  
City, State and Zip

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

[Signature]  
Signature of General Partner (Landmark at Alexander Pointe P, LLC)

*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] Judith Argao  
Signature of Registered Agent Vice President  
and Assistant Secretary

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

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