2/1/2018

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Gover Shear One of State O

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| To: | pludatas af Componentinos | | |
|---------|--|------------|---|
| | Division of Corporations | | |
| | Fax Number : (850)617-6383 | | |
| From: | | | |
| | Account Name : C T CORPORATION SYSTEM | L - · | |
| | Account Number : FCA00000023 | ٠ تي | c |
| | Phone : (614)280-3338 | Ť | _ |
| | Fax Number : (954)208-0845 | 14 | ľ |
| | FAX NUMBER . (334)200 0043 | • | 1 |
| | | * | |
| **Enter | the email address for this business entity to be used for f | uture | : |
| ar | nual report mailings. Enter only one email address please.** | * . | = |
| Ea | mail Address: | | , |

REGISTERED AGENT CHANGE FOUNDRY COMMERCIAL ACQUISITION FUND I, LP.

| Certificate of Status | 0 |
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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|
| SUBJECT: Foundry Commercial Acquisition Fund I, LP | | | | | | | | | |
| Name of Limited Partnership or Limited Liability Limited Partnership | | | | | | | | | |
| DOCUMENT NUMBER: | B15000000316 | | | | | | | | |
| The enclosed Statement of Change of Regis fee(s) are submitted for filing. | tered Office and/or Registered Agent and | | | | | | | | |
| Please return all correspondence concerning | this matter to: | | | | | | | | |
| Eric Nadeau | | | | | | | | | |
| Contact Person | | | | | | | | | |
| Foundry Commercial, LLC | | | | | | | | | |
| Firm/Company | •• | | | | | | | | |
| 420 S Orange Ave Ste 950 | | | | | | | | | |
| Address | | | | | | | | | |
| Orlando, FL 32801-4904 | | | | | | | | | |
| City, State and Zip Code | | | | | | | | | |
| eric.nadeau@foundrycommerc | | | | | | | | | |
| E-mail address: (to be used for future annual re | port notifiegtion) | | | | | | | | |
| For further information concerning this mat | ter, please call: | | | | | | | | |
| Eric Nadeau | _at (407) 757-1511 Area Code and Daytime Telephone Number | | | | | | | | |
| 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: | MAILING ADDRESS: | | | | | | | | |
| Registration Section | Registration Section | | | | | | | | |
| Division of Corporations | Division of Corporations P. O. Box 6327 | | | | | | | | |
| Clifton Building 2661 Executive Center Circle | Tallahassee, FL 32314 | | | | | | | | |
| Tallahassee, FL 32301 | • | | | | | | | | |
| | | | | | | | | | |

INFIS04 (01/06)

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

| 1. | FOUNDRY COMMERCIAL | | | | | |
|--|---|---------------------------------------|------------|---------------|--|---------|
| - | Name of Limited Partnership or Liv | nited Liabi | ity Limi | ted Partnersh | ip | |
| 2. | 11/19/2015 | 3. | | B150000 | 000316 | |
| Date of | filing/registration in Florida | | FI | lorida docum | ent number | |
| The name of t Department of St | he registered agent and the registered tate: | office addi | ress as sl | nown on the r | records of the Flo | orida |
| | JOAQUIN E. | JOAQUIN E. MARTINEZ | | | | |
| | Nan | ne | | | *** | 45) |
| | 450 S. ORANGE AV | VENUE, SU | JITE 20 | 0 | 1- 1- | િં |
| | Add | ress | | | , | |
| | ORLANDO |), FL 32801 | | <u> </u> | | |
| | City, State | e and Zip | | | • | • |
| 5. The name and | d Florida street address of the new reg | istered age | nt and/o | r office: | | 4 |
| | C T Corpora | tion System | 1 | | | Ci. |
| | Na | me | | | | |
| | 1200 South Pir | | | ·——·- | | |
| | Florida street address (F | .O. Box no | Laccepti | ible) | | |
| | Plantation, | · · · · · · · · · · · · · · · · · · · | FL | 33324 | | |
| | City, Stat | e and Zip | | | | |
| 6. Such change | s) is/are effective when filed by the F | lorida Depa | rtment (| of State. | | |
| | 100 | | | | | |
| Signature of Ger | neral Parther | • | | | | |
| comply Oth the and I all familia | the appointment as registered agent a provisions of all statutes relative to th ir with an acceptative obligations of m | e proper s | nd comp | lew perform | I further agree t ance of my duties | o 5, |
| Signature of Reg | gistered Agent | | | | | |
| Filing Fcc: Certified Co | \$35.00 py (optional): \$52.50 | | | | | |