Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM

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11	Address:			

REGISTERED AGENT CHANGE THE VUE AT BAYMEADOWS LP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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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.

I. TH	E VUE AT BAY	'MEADOWS LP		
Name of Limited Par	tnership or Limit	led Liability Limited Partner	ship	
02/17/2017		3 B170000000043		
Date of filing/registration in Florida		Florida document number		
4. The name of the registered agent and Department of State:	I the registered o	ffice address as shown on the	e records of the Florida	
	LUBECK, JOSEPH G			
	Name		સું <u>જ</u>	
1331	1331 SOUTH KILLIAN DR. SUITE A			
	Address			
	2019 JUL 12 PM SEGRETARY OF TALLAHASSE			
	. SSI 0 7			
5. The name and Florida street address	of the new regist	ered agent and/or office:	in Si =	
	C T Corporation	on System	FA 33	
	Name		កា 💮	
	1200 South Pine	Island Road		
Florida st	reet address (P.C). Box not acceptable)	•	
	Plantation,	FL 33324		
	City, State i		_	
6. Such change(s) the effective when	i filed by the Flo	rida Department of State.		
Signature of General Partner	James N	filler		
I hereby asked the appointment as reg comply will the provisions of all statute and I am familiar with an accept the ob-	es relative to the	proper and complete perfore	. I further agree to nance of my duties,	
Signature of Registered Agent	A G			
	5.00	Alfred Yo		
Certified Copy (optional): \$52.50 Assistant Secretary				

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