7/11/2019

Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

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

Email Address:_

REGISTERED AGENT CHANGE LANDINGS AT LAKE GRAY LP

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Corporate Filing Menu

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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 pertnership 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.	LANDINGS AT			
Name of Limit	ed Partnership or Lim	ited Liability	Limited Partnersl	hip
2 02/21/2017		3.	B17000 Florida docum	000047
Date of filing/registration	in Florida		Florida docum	ient number
4. The name of the registered age Department of State:	nt and the registered	offic e address	as shown on the	records of the Florida
	LUBECK, I	oseph g		
·	Nau	nc	<u> </u>	
	1331 SOUTH KILLI	AN DR. SUI	TE A	
	Addr			
	LAKE PARK	i, FL 33403		
to and vegate equivalent to the	City, State	and Zip		. S 2
5. The name and Florida street ac	idress of the new regi	stered agent a	ndror office:	RII9 JUL 12 AM ECRETARY OF TALLAHASSEE
	C. F. Corporat	ion System		
	Nar	ne		5₹ 7
	1200 South Pin	e Island Road		Q) '
Flo	rida street address (P.	O, Box not ac	captable)	四月 🚾
	Plantation,	F	33324	AH 8: 2(OF STAT SEE, FL
,_,	City, State	and Zip	~	26 L
6. Such change(s) is/are offictive	e when filed by the Fl			
Signature of General prother		James Mil	er	
I heraby accept the appointment comply with the provisions of all and I um familiar with an accept	statutes relative to th	e proper and a	romplete perform	l further agree to sance of my danes.
Signature of Registered Agent	1		lfred Yo	
Pilling Rose	\$35.00	Assi	stant Se	ecretary
Filing Fee: Certified Copy (optional):				-