

7/11/2018

2019-07-11 15:10:14 CST

19442080845 From: Ranae McGraw

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

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

Email Address: _____

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SECRETARY OF STATE
TALLAHASSEE FL

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**REGISTERED AGENT CHANGE
BEACH WALK AT SHERIDAN LP**

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

7-12-19

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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. BEACH WALK AT SHERIDAN LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/16/2018
Date of filing/registration in Florida

3. B18000000075
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:

LUBECK, JOSEPH G
Name
1331 SOUTH KILLIAN DR. SUITE A
Address
LAKE PARK, FL 33403
City, State and Zip

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

C T 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) is/are effective when filed by the Florida Department of State.

[Signature]
Signature of Governing Person James Miller

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]
Signature of Registered Agent

**Alfred Younan
Assistant Secretary**

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

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