

3/19/2021

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)288-0845

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

Email Address: _____

REGISTERED AGENT CHANGE
TRICHAM HOUSING ASSOCIATES, LP

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

MAR 22 2021

M. SOLOMON

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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 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. TRICHAM HOUSING ASSOCIATES, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/03/2021 3. B21000000052
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:

SUSAN M CARDENAS
Name
221 SIMONTON ST.
Address
KEY WEST, FL 33040
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.

Kenneth Silverman Kenneth Silverman, Director of Sarah Realty Corp., General Partner
Signature of General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree 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.

Christine Kelm
Signature of Registered Agent Assistant Secretary

Christine Kelm, Assistant Secretary

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

2021 MAR 19 PM 12:34

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