## B22000000302

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates	of Status				
Special Instructions to Filling Officer:						

Office Use Only



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SECRETARY OF STAT

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A RAMSEY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000195		
	REFERENCE	:	529168 THU 56057	7	
	AUTHORIZATION	:		Belly	
	COST LIMIT	:	\$ 35.		
			<b></b>		
ORDER DATE : J	Tuly 1, 2024				
ORDER TIME :	9:49 AM				
ORDER NO. : 5	29168-100				
CUSTOMER NO:	7560577				
	CHANGE OF A	GEN'	<u>r</u>		
NAME :	GRAND NATIONA OWNER, LP	L A	PARTMENTS	SECRETARY OF TALLAHASSEE, J	RECEIVED
CERTIFI	HE FOLLOWING AS ED COPY TAMPED COPY	PR	OOF OF FILING:	AM II: 35 OF STATE C.FLORIDA	VED.
CONTACT PERSON:	Shauna Godbol	t			

EXAMINER'S INITIALS:

## 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 GRAND NATI	ONAL APARTMENTS OWNER, LF		
·	Name of Limited Partnership or Limit	ed Liability Limited Partnership	<del></del>
2. 06/16/2022	06/16/2022 <sub>3</sub> B22000000302		
Date of fi	ling/registration in Florida	Florida document numbe	er
4. The name of th Department of Sta		fice address as shown on the records of	the Florida
	BCRA,LLC		
	Name	<u> </u>	
	1905 N.W. CORPORATE BLVD., SUITE 310		
	Addres	SS	
	BOCA RATON, FL 33431		自人
	City, State a	nd Zip	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. The name and I	Florida street address of the new registe	ered agent and/or office:	MANUS PARIS
	Corporation Service Company		3/2 0 5
	Name		76
	1201 Hays Street		26.
	Florida street address (P.O.	. Box not acceptable)	
	Tallahassee	FL 32301	
	City. State a		
6. Such change(s)	is/are effective when filed by the Flori	ida Department of State.	
/s/Chris Philli	ps		
Signature of Gener	ral Partner Chris Phillips, Authorized Perso PARTNER, LLC, General Partn	on on behalf of GRAND NATIONAL APARTMENTS JV er	
to comply with the	e provisions of all statutes relative to amiliar with an accept the obligations of	d agree to act in this capacity. I furthe to the proper and complete performance of my position as registered agent.  E. Kirby, Asst. Vice President	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50