## B97000000035

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				





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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: November 29, 2017

Order#: 914347-032

Re: RIVER PARK ASSOCIATES, LIMITED PARTNERSHIP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX \_\_\_ Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

## 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. RIVER	PARK ASSOCIATES,	LIMITED	PARTNERSHIP		
Na	me of Limited Partnership or Limit	ted Liability Lin	nited Partnership		
2. 01	1/22/1997	3.	B97000000035		
Date of filing/registration in Florida		]]	B9700000035 Florida document number		
4. The name of the re Department of State:	gistered agent and the registered o	ffice address as:	shown on the records of the Florida		
	NRAI SERVIO	CES, INC			
	Name				
1200 SOUTH PINE ISLAND ROAD					
Address					
	Plantation	FL	33324		
City, State and Zip					
5. The name and Florida street address of the new registered agent and/or office:					
Corporation Service Company					
	Name	;			
	1201 Hays	Street			
Florida street address (P.O. Box not acceptable)					
	Tallahassee	FL	32301		
	City, State a		<del></del>		
6. Such change(s) is/a	are effective when filed by the Flor	ida Department	of State.		
Signature of General F	•				
Signature of General I	Partner				
	nt On Behalf Of River Park Enterpris				
	pointment as registered agent and sions of all statutes relative to the p				
and I am familiar with	an accept the obligations of my p				
Corporation	on Service Company				
Signature of Registere					
Grace E. Kirby, Assista	•				
Filing Fee:	\$35.00				

Certified Copy (optional): \$52.50