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PICK-UP	☐ WAIT	MAIL			
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**MAY** 22 2015 **J SHIVER**S

## **COVER LETTER**

TO: Registration Section				
Division of Corporations				
SUBJECT: Sierra	a Florida	Properti	es, LP.	
Name of Limited Partne	ership or Limit	ted Liability	Limited Partnership	
DOCUMENT NUMBER: <u>B9800000(224)</u>				
The enclosed Statement of Change of Fifee(s) are submitted for filing.	Registered O	office and/	for Registered Agent and	
Please return all correspondence concer	rning this m	atter to:		
Kathy Brown				
Contact Person				
Sierra Land Group,	Inc.			
Firm/Company				
801 N. Brand Bvld. #	1010			
Address				
Glendale, CA 9120	03			
City, State and Zip Code	e			
kbrown@sierrala				
E-mail address: (to be used for future ann	iual report noti	fication)		
For further information concerning this	matter, plea	ase call:		
Kathy Brown	at (	818	247-3681	
Name of Contact Person			Daytime Telephone Number	
Enclosed is a \$35.00 check made payab	ole to the Flo	orida Depa	artment of State.	
STREET ADDRESS:			NG ADDRESS:	
Registration Section	Registration Section			
Division of Corporations			of Corporations	
Clifton Building 2661 Executive Center Circle		P. O. Bo		
Tallabassae FI 22201		i ananas	see, FL 32314	

## 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	Sierra Florida	Properties	, LP.			
Nan	ne of Limited Partnership or Li	mited Liability L	imited Partnership	1		
2. 1-13-15		3.	B9400000	00246		
Date of filing	registration in Florida		Florida document number			
4. The name of the reg Department of State:	gistered agent and the registered	l office address a	s shown on the rec	ords of the Florida		
	Grant T.	Downing				
•		me				
	222 West Comst	ock Ave. Ste	101			
	Add	Iress				
	Winter Park	k, FL 32789				
, ,	City, Stat	e and Zip				
5. The name and Flori	da street address of the new reg	istered agent and	l/or office:	S S S S S S S S S S S S S S S S S S S	ð	
	Corporation Se	<del></del>	ny			بدائم
	Na	me			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	derole serv
	1201 H	ays St.			<u> </u>	PHILE:
	Florida street address (P	O. Box not acce	ptable)		A	7
•	Tallahassee	FL	32301			,
•	City, Stat	e and Zip			<u>י</u>	هم اور پ
Signature of General P	re effective when filed by the F  Partner  pointment as registered agent actions of all statutes relative to the an accept the obligations of my	lorida Departmei nd agree to act in the proper and con	n this capacity. If mplete performanc	Further agree to	י	

Filing Fee:

Certified Copy (optional): \$52.50

\$35.00