1398 00m	7/5
VIRGINIA MANNING  Requester's Name  LIGHTSEY & ASSOC.	0000
2600 TECHNOLOGY & STE 200 Address	
City/State/Zip Phone #	

	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known):  500033451352 -08/03/0001053012 *****200.00_******35.00
(Corporation Name)	(Document #)
2. (Corporation Name)	(Document #)
G. (Corporation Name)	(Document #)
4. (Corporation Name)	= (Document #)
☐ Walk in ☐ Pick up time ☐ Mail out ☐ Will wait	Certified Copy  Photocopy  Certificate of Status
NEW FILINGS	AMENDMENTS
☐ Profit ☐ Not for Profit ☐ Limited Liability ☐ Domestication ☐ Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/OUALIFICATION = ==
☐ Annual Report ☐ Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

## LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

Valencia Apartments, L.P.
Name of the limited partnership
2. 4/24/98 3. B9800000265  Date of filing/registration in Florida Document number assigned
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:  Alton Lightsey
Name
215 S. Monroe St., #500 Address
Tallahassee, FL 32301 City, State and Zip
5. The name and address of the new registered agent and/or office:
Alton Lightsey
Name
2600 Technology Dr., #200
Florida street address (P.O. Box <u>not</u> acceptable)
Orlando FL 32804 City, State and Zip
6. Such change(s) was/were authorized by the general partners.
Ft. Myers Apartments, LLC
By: Deph W Reld
Signature of General Partner
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. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.  Signature of Registered Agent
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00