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To: Division of Corporations  
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (512) 418-6949  
Fax Number : (954) 208-0845

\*\*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**  
**FIRST ALLIED DEVELOPMENT PARTNERS GENERAL PARTNER CO**

Certificate of Status	0
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JUL 14 2017

T. LEAUEUX

COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: FIRST ALLIED DEVELOPMENT PARTNERS GENERAL PARTNER CORPORA  
Name of Corporation

DOCUMENT NUMBER: F05000005343

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Nichole Sears  
Name of Contact Person  
Glazer Realty Corporation  
Firm/Company  
270 Commerce Drive  
Address  
Rochester, NY 14623  
City/State and Zip Code  
nsears@glazer.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person at ( ) Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: FIRST ALLIED DEVELOPMENT PARTNERS GENERAL PARTNER CORPORATION
2. The principal office address: 270 COMMERCE DRIVE ROCHESTER, NY 14623
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/14/2005 Document number: F0500005343
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

David Cohen

ONE BUCCANEER PLACE

TAMPA, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

X [Signature]  
Signature of an officer or director

William Sondericker - Vice President

Printed or typed name and title

*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 obligation 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 corporation has been notified in writing of this change.*

By: C T Corporation System

[Signature]  
Signature of Registered Agent

07/07/2017

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)