L04000018470

Jenemi Associates ly (Requestor's Name)
20055 Higuassee Ro
Soite 411 (Address)
Orlando FL 30886 (City/State/Zip/Phone #)
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTÈRED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limite	d liability company is:	Stone M	Stone Mill Run Apartments LLC			
2. The mailing address of					! ,	
Suite 5, Orlando FL 32		£ £				
04-22-200	>	· · · · · · · · · · · · · · · · · · ·	L04000018470			
3. Date of filing/registration in Florida		4. Document number				
5. The name of the registe Florida Department of S		ered office	address as shown on the	records of	the	
	6068 S. Apopka-Vir	Name neland Roa	ad, Suite 5	· 27.	05	
	Orlando FL 32819	Address State and Z	ip	Total Annual Property	AFR 25	
6. The name and address of	of the new registered ag	ent and/or	office:		P II	
Jenemi Associates, Inc.				3	₩	
	2295 S. Hiawassee	vame Road, Su	ite 411		59	
•	Florida street address	(P.O. Box	NOT acceptable)			
	Orlando	FL 328	35			
	City, St	ate and Zip	3			
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limited the operating agreement of the limited that the limited liability company is a second to the limited that the limited liability company is a second to the limited liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the limited liability company is a second liability company in the liability comp	nange or changes are managed the registered agent will be confirmed that the disability company or a	ade, the Flo Il be idention change(s) values otherwise	rida street address of the al. Or, in the case of a F was/were authorized by a	registered Torida limi n affirmati	office ted ve vote of	
(Signature of a member or authori	zed representative of a member	r)	A :			
Toby Unwin			en om operane			
(Printed or typed name of signee)		_				
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	ntment as registered as s of all statutes relative d accept the obligations his document is being function the limited liability	ent and ag to the prop t of my post lied to mer y company	ree to act in this capacity per and complete perforn tion as registered agent ely reflect a change in th has been notified in writi	i. I further iance of mas provided registered in this contract of this contract in the contrac	agree to y duties, d for in d office change.	
(Signature of Registered Agent)			and the second of the second o			

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

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