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(Requestor's Name)

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(City/State/Zip/Phone #)

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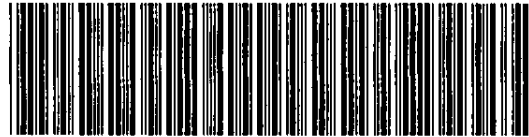
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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TALLAHASSEE, FLORIDA

B. BOSTICK

JAN 30 2013

EXAMINER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Mission Trace Apartments, LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ronald A. Mowrey

Name of Person

The Mowrey Law Firm

Firm/Company

515 North Adams Street

Address

Tallahassee, Florida 32301

City/State and Zip Code

rmowrey@mowreylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald A. Mowrey

Name of Person

at ( 850 ) 222-9482

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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TALLAHASSEE, FLORIDA

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED 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. Name of the limited liability company: Mission Trace Apartments, LLC

2. (a) Principal office address of limited liability company: 15954 Jackson Creek Parkway, Suite B-573  
(Note: MUST BE STREET ADDRESS) Monument, Colorado 80132

(b) Mailing address of limited liability company: 15954 Jackson Creek Parkway, Suite B-573  
(Note: MAY BE POST OFFICE BOX) Monument, Colorado 80132

January 11, 2005

L05000059347

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Pete Tattersall

Registered Office Address:

668 North Orlando Avenue, Suite 4007  
Maitland, Florida 32751

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address

NEW Registered Agent:

Ronald A. Mowrey

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

The Mowrey Law Firm  
515 North Adams Street  
Tallahassee

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 DEPT. OF STATE  
 TALLAHASSEE, FLORIDA  
 FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Deborah Dattmann  
 Signature of a member or authorized representative of a member

Deborah Dattmann

Printed or typed name of signer

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 as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
 Signature of Registered Agent

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

FILING FEE: \$25.00