Daytime Phone #

	MENT	# <u>L'940</u>	00000699		<u></u>		FILED	(\$ in		
1. Entity Name HERITAGE NOB HILL APARTMENTS, L.C.						00	APR 28 AM	9: 22		
	L (105)	;	10, 2.0.			550	RETARY OF	CTATE		
Tringinal Digg	o of Business		Mailing Address	_ 			AHASSEE, F	LORIDA		
Principal Place of Business Mailing Address 12108 N. 56TH STREET. SUITE 3 & 5 12108 N. 56TH STREET.					& 5					
TAMPA FL 33	617		TAMPA FL 33617-1	686						
. Principal F	Place of Busine	ess	3. Mailing Address		<u> </u>		###		II BUIE BIII	
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SF	PACE	
City & Stat	te		City & State			4. FEI Number			Ac	plied For
							59-3291376		No	t Applicable
Zip		Country	Zip	Coun	try	5. Certificate of	of Status Desired		5.00 Add se Require	
	6. Name	and Address of Curre	nt Registered Agent		Name	7. Name and /	Address of New Re	gistered Ag	jent	
BEKIEMPIS, VINCENT 12108 N. 56TH STREET, SUITE 3 & 5					Street Address (P.O. Box Number is Not Acceptable)				<u>-</u>	
					Street Addres	- LOS DOX MULLIDER				
tampa fi	L 33617				1					
									T 7:n Cod	
		<u> </u>			City			FL	Zip Cod	9
. The above		submits this statemen	t for the purpose of chang	ling its registere		stered agent, or both	, in the State of Flor		Zip Cod	θ
. The above	named entity	ŧ			ed office or regis		, in the State of Flor	rida.	Zip Cod	9
	named entity	submits this statement	gent and title if applicable.	(NOTE: Registered	ed office or regis	juired when reinstating)	, in the State of Flor		Zip Cod	9
	named entity	ŧ	rent and title if applicable.	(NOTE: Registered	ed office or regis	juired when reinstating)	, in the State of Flor	rida.	Zip Cod	8
SIGNATURE	named entity	t or printed name of registered ag	rent and title if applicable.	(NOTE: Registered	ed office or regit d Agent signature req	juired when reinstating)	, in the State of Flor	ida.	Zip Cod	8
SIGNATURE	e named entity Signature, typed o	or printed name of registered ag MANAGING MEI	pent and title if applicable. File Make Che	(NOTE: Registered	ed office or regit d Agent signature requ FEE IS \$50.0 Departmen	juired when reinstating) 00 at of State	ADDITIONS/	DATE CHANGES	☐ Change	
IGNATURE	Signature, typed of MGRM BEKIEMPIS 12108 N. 5	MANAGING MEI 5, HEIDI 56TH STREET, SUIT	FIL Make Che	(NOTE: Registered LE NOW!!! F ck Payable to 10. 1171111	ed office or regit d Agent signature requ FEE IS \$50.0 Departmen	juired when reinstating) 00 at of State	ADDITIONS/0	DATE CHANGES 249 /00-0	1128	Addition
I. ITLE AME TREET ADDRESS ITY-87-ZIP	Signature, typed of MGRM BEKIEMPIS	MANAGING MEI 5, HEIDI 56TH STREET, SUIT	FIL Make Che	(NOTE: Registered LE NOW!!! F ck Payable to 10. 7/711	d Agent signature requirements FEE IS \$50.0 Departments E E E ET ADDRESS	juired when reinstating) 00 at of State	ADDITIONS/0	DATE CHANGES 249 /00-0 50.00	1128 *****	
I. ITLE AME TREET ADDRESS ITY-ST-ZIP	Signature, typed of MGRM BEKIEMPIS 12108 N. 5	MANAGING MEI 5, HEIDI 56TH STREET, SUIT	FIL Make Che	(NOTE: Registered LE NOW!!! F ck Payable to 10. 7/711	d Agent signature requirements FEE IS \$50.0 Departments E E E ET ADDRESS	juired when reinstating) 00 at of State	ADDITIONS/0	DATE CHANGES 249 /00-0 50.00	1128	
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