

L98VVV001989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

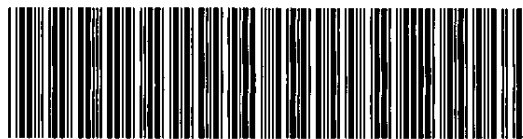
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



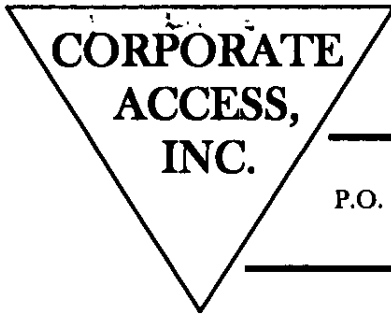
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10/21/10--01003--011 \*\*50.00

RECEIVED  
10 OCT 21 AM 10:03  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
10 OCT 22 PM 2:45  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

B. KOHR  
OCT 22 2010  
EXAMINER



*When you need ACCESS to the world*

236 East 6th Avenue . Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

## WALK IN

PICK UP: 10/21 E.G.

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DIVISION OF CORPORATIONS  
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- ☐ CERTIFIED COPY \_\_\_\_\_
- ☒ PHOTOCOPY \_\_\_\_\_
- ☐ CUS \_\_\_\_\_
- ☒ FILING Amend \_\_\_\_\_

1. Mobley Park Apartments, L.C.  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 21, 2010

CORPORATE ACCESS

TALLAHASSEE, FL

SUBJECT: MOBLEY PARK APARTMENTS, L.C.  
Ref. Number: L98000001989

*Corrected  
&  
Resubmitted  
10/22*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 22 PM 2:45

We have received your document for MOBLEY PARK APARTMENTS, L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A member or authorized representative must sign in Item 5.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 310A00024923

RECEIVED  
10 OCT 22 AM 10:18  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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: Mobley Park Apartments, L.C.

2. (a) Principal office address of limited liability company: 2801 Alaskan Way Suite 200

☐

(Note: **MUST BE STREET ADDRESS**)

Seattle, WA 98121

(b) Mailing address of limited liability company: 2801 Alaskan Way Suite 200

☐

(Note: **MAY BE POST OFFICE BOX**)

Seattle, WA 98121

09/25/1998

3. Date of filing/registration in Florida

L980000001989

4. Document number

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

Registered Agent:

CT Corporation System

Registered Office Address:

1200 S. Pine Island Road  
Pantation, FL 33324

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

**NEW** Registered Agent:

NRAI Services, Inc.

**NEW** Registered Office Address:

2731 Executive Park Drive, Suite 4

**(MUST BE FLORIDA STREET ADDRESS)**

Weston, FL 33331

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.

  
Signature of a member or authorized representative of a member

Kathleen C. Gairepy

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.*

NRAI Services, Inc.

by:

  
Signature of Registered Agent Lori Stuhlman, Asst. Sec.

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

FILING FEE: \$25.00