

Division of Corporations

**A0700001320**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000112035 3))



H240001120353AEDCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6383

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : 120090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED

2024 MAR 25 PM 4:24

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2024 MAR 25 AM 8:10  
STATE

FILED

REGISTERED AGENT CHANGE  
NEFFGEN FAMILY LLLP

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP  
STATEMENT OF CHANGE OF REGISTERED OFFICE OR  
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Neffgen Family LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/19/2007 Date of filing/registration in Florida  
3. A07000001320 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

NONE  
Name  
Registered Agent Resigned: 06/09/2023  
Address  
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Northwest Registered Agent LLC  
Name  
7901 4th St N STE 300  
Florida street address (P.O. Box not acceptable)  
St. Petersburg FL 33702  
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State

Alfred Neffgen  
Signature of General Partner

*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.*

[Signature]  
Signature of Registered Agent

Filing Fee: \$35.00  
Certified Copy (optional): \$52.50

FILED  
STATE  
2024 MAR 25 AM 8:10