## A10000000366

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11/14/23--01023--015 \*\*\$2.50



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## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fort Taco Ltd.		
Name of Limited Partner	ship or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A10000000366	<u></u>	
The enclosed Statement of Change of Refee(s) are submitted for filing.	egistered Office and/or Registered Agent and	
Please return all correspondence concern	ning this matter to:	
Jeffrey Farwell		
Contact Person	<del></del>	
Rocco's Tacos & Tequila Bar		
Firm/Company		
400 Clematis Street, Suite 205		
Address		
West Palm Beach, FL 33401		
City, State and Zip Code	<del> </del>	
barbara@bigtimerestaurants.com		
E-mail address: (to be used for future annu	al report notification)	
For further information concerning this	matter, please call:	
Jeffrey Farwell	at ( 659-1940	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable	le to the Florida Department of State.	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	
	Tallahassee, FL 32303	

## 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.

?	Name of Limited Partnership or Limited			
2 07/02/2010	)	3. A10000000366		
Date of fili	ng/registration in Florida Florida document			
4. The name of the Department of State	registered agent and the registered office:	e address as shown on the	e records of the Florida	
	Mangel, Rocco			
	Name		<b>20</b>	
	400 Clematis Street, Ste.205		.023 NOV 1 L	
	Address	,,	- V	
	West Palm Beach, FL 33401			
	City, State and	Zip	- P !	
5. The name and F	lorida street address of the new registere	d agent and/or office:	PH 3: 2	
	Dillon, Barbara	-	29 ATE	
	Name		_	
	400 Clematis Street, Su	ite 205		
	Florida street address (P.O. B	ox not acceptable)	_	
	West Palm Beach	<sub>FL</sub> 33401		
	City, State and		_	
6. Such change(s) Signature of General	is/are effective when filed by the Florida	Department of State.		
I hereby accept the comply with the pro	appointment as registered agent and ag ovisions of all statutes relative to the pro with an accept the obligations of my posi	per and complete perfori	v. I further agree to mance of my duties,	

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50