## A13000000340

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(A	ddress)				
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## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJ	JECT: GAERT	TNER HOLDINGS, LLLP			
2020		rship or Limited Liability Limited Partnership			
DOC	DOCUMENT NUMBER: A1300000240				
	nclosed Statement of Change of Reare submitted for filing.	egistered Office and/or Registered Agent and			
Please	e return all correspondence concern	ning this matter to:			
	Martina Waluk-Gaertr	ner			
_	Contact Person				
	GAERTNER HOLDINGS	S, LLLP	က်		
	Firm/Company		至		
	1752 Shoreland Dr	<u>r</u>	(四) (五)		
	Address				
	Sarasota, FL 34239	9	8H II: 52		
	City, State and Zip Code				
	martina.waluk@gma	nail com	Э		
E	-mail address: (to be used for future annu-				
For fi	urther information concerning this r	matter, please call:			
	Martina Waluk-Gaertner	_at (775) 468-3437			
	Name of Contact Person	Area Code and Daytime Telephone Number	_		
Enclo	sed is a \$35.00 check made payable	le to the Florida Department of State.			
STRI	EET ADDRESS:	MAILING ADDRESS:			
		Registration Section	-		
_	ion of Corporations	Division of Corporations			
	ton Building P. O. Box 6327				
2661	Executive Center Circle	Tallahassee, FL 32314			
Tallal	hassee, FL 32301				

## 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.

	ERTNER HOLD			
Name of Limite	d Partnership or Limited I	iability Lim	ited Partnersh	ı <b>ip</b>
2. 05/06/2013	3	3	A13000	000240
Date of filing/registration	in Florida	F	lorida docum	ent number
4. The name of the registered ager Department of State:	at and the registered office	address as s	hown on the r	ecords of the Florida
	ERICH M. GAER	TNER		
	Name		<del></del>	
2	705 ORCHID OAKS	DR, 202	D	
	Address			
SARASOTA, FL 34239				7
	City, State and 2	Lip		
5. The name and Florida street add	fress of the new registered	agent and/o	r office:	<u>.</u>
	ERICH M. GAER	TNER		22 23 24 24
<del>"</del>	Name			٠ ن
	1752 SHORELAN	ND DR		. `
Flori	da street address (P.O. Bo	x not accept	able)	
	SARASOTA	FL	34239	
	City, State and 2			
6. Such change(s) is/are effective	when filed by the Florida I	Department	of State.	
AL SI	7			
Signature of General Partner				
I hereby accept the appointment as comply with the provisions of all st and I am familiar with an accept the Signature of Registered Agent	atutes relative to the prop	er and comp	lete perfor <mark>m</mark> a	
Filing Fee: Certified Copy (optional):	\$35.00 \$52.50			