A19000000068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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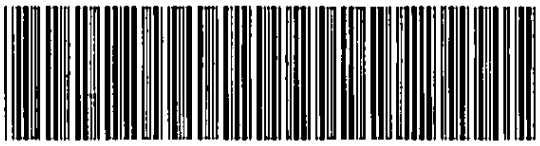

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SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

JUL 27 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JSWD Architects L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A19000000068

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Gregory Zacharias
Contact Person

Zacharias Lawrence LLC
Firm/Company

600 N Willow Ave Ste 301
Address

Tampa, FL 33606
City, State and Zip Code

greg@zachepa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gregory Zacharias at (813) 254-3206
Name of Contact Person — Area Code and Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Florida Department of State.

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
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.

1. JSWD Architects L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/08/2019
Date of filing/registration in Florida

3. A19000000068
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:

Aegis Law
Name

100 S Ashley Dr Ste 620
Address

Tampa, FL 33602
City, State and Zip

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

Gregory Zacharias
Name

600 N Willow Ave Ste 301
Florida street address (P.O. Box not acceptable)

Tampa FL 33606
City, State and Zip

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

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 of Registered Agent

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

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TALLAHASSEE, FL