A1900000366

(Re	equestor's Name)	· · · · · ·
(Ac	ddress)	
(Ac	ddress)	
(Ĉi	ty/State/Zip/Phone #	r)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Name	•)
(Do	ocument Number)	
Certified Copies	Certificates o	of Status
Special Instructions to	Filing Officer:	





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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: November 10, 2021		Accounter, 1200000000		
Name: David Shulman				
Reference #:	1499223			
Entity Name:	MAINS	REET 1101 SH	ILOH LTD.	
Articles of Incorpo	oration/Authoriz	ation to Transact E	Business	
Amendment				
✓ Change of Agent			ISSUES? CALL	
Reinstatement		David:	David:	
Conversion			850-270-0082	
Merger				
☐ Dissolution/Witho	irawal			
Fictitious Name				
Other				
Authorized Amount:	\$35.0	0		
Signature:	David Shulman			



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL COM

Account#: I20000000088

Date: November 10, 2021		Account#: 12000000008		
Name: David Shulman				
Reference #:	1499223			
Entity Name:	MAINS	TREET 1101 SHILOH LTD.		
Articles of Incorpo	oration/Authoriz	ation to Transact Business		
Amendment				
✓ Change of Agent		ICCLIECS CALL		
Reinstatement		ISSUES? CALL David:		
Conversion		850-270-0082		
☐ Merger				
Dissolution/Withd	rawal			
Fictitious Name				
Other				
Authorized Amount:	\$35.0	0		
Signature:	David Shulman			

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.	MAINSTREET 1	101 SHILOF	ILTD.	
Nar	me of Limited Partnership or Li	mited Liability I	imited Partnership	
2. 9	9/11/2019	3.	A1900000	00366
Date of filing	registration in Florida		Florida document	number
4. The name of the req Department of State:	gistered agent and the registered	d office address	as shown on the rec	ords of the Florida
	MAINSTREET 1	101 SHILOH	INC.	
		nne		
	2101 WEST COMMER	ICAL BLVD.	, STE 1200	20 5.1
		iress		21
	Fort Lauderdale	FL	33309	L NOV
	City, Sta	te and Zip		
5. The name and Flori	ida street address of the new re	gistered agent ar	nd/or office:	DOZINOV 10 AM
	COGENCY	GLOBAL INC	.	
		ame		- 2
	115 North Calho	un Street S	uite 4	
	Florida street address (
	Tallahassee	F	լ 32301	
	City, Sta	te and Zip		
6. Such change(s) is/a /s/ Paul J l	ire effective when filed by the f Kilgallon	Florida Departme	ent of State.	
Signature of General I	Partner Paul J Kilgallon, Pro	- esident, for MA	INSTREET 1101 :	SHILOH INC., GP
comply with the provis	pointment as registered agent of sions of all statutes relative to t an accept the obligations of m	he proper and co	omplete performanc	urther agree to e of my duties.
/s/ Mid	chael Carlisle	_		
Signature of Registere	Michael Carlisle	- , Assistant S	ecretary	
Filing Fee: Certified Copy (o	\$35.00 optional): \$52.50			