

B14 000 000 049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

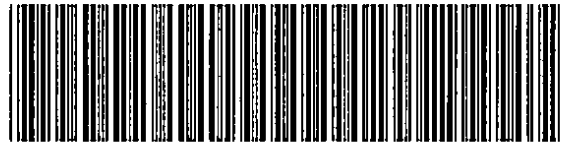
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SJT FLORIDA LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B14000000049

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:

SUZANNE J TREMBLAY  
Contact Person

SJT LIMITED PARTNERSHIP  
Firm/Company

40 PLACE DU COMMERCE CP63081  
Address

VERDUN, QC, CAN H3E 1V6  
City, State and Zip Code

moi@sympatico.ca  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SUZANNE J TREMBLAY at ( 514 ) 945-0007  
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. SJT FLORIDA LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 05-17-2021

Date of filing/registration in Florida

3. B14000000049

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:

ARECES, A. FRANCISCO. Esq

Name

1 S.E. 3 AVENUE SUITE 2920

Address

MIAMI, FL 33131

City, State and Zip

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

SUZANNE J TREMBLAY

Name

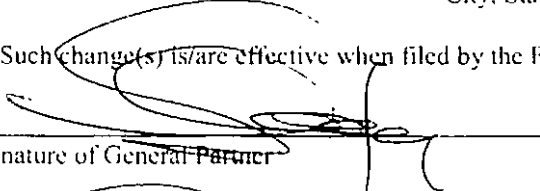
465 BRICKELL AVE 2101

Florida street address (P.O. Box not acceptable)

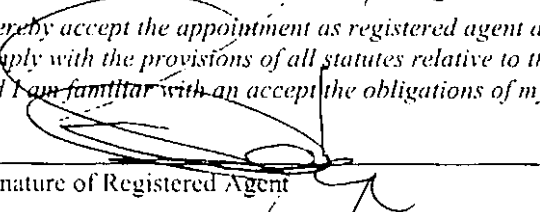
MIAMI, FL 33131

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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