

B17000000049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

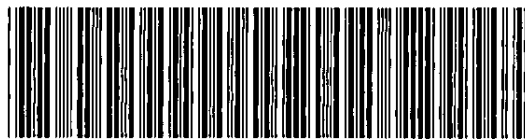
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS

APR 25 2017

SUNSHINE CORPORATE

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

850-508-1891 (cell)

Date:

4/24/17

Name:	<u>D & K Limited</u>
Document #:	
Order #:	<u>Dolores</u>

Certified Copy of Arts & Amend:				
Plain Copy:				
Certificate of Good Standing:				
Apostille/Notarial Certification:			Country of Destination:	
			Number of Certs:	

Filing:	<u>X</u>	Certified:	
		Plain:	<u>(circled)</u>
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W.P. Verifier	_____
Ref#	_____

Amount: \$ 35.00

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: D & K LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B17000000049

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:

Dolores Burton

Contact Person

United Corporate Services, Inc.

Firm/Company

100 State Street, Suite 800

Address

Albany, NY 12207

City, State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Contact Person _____ at (_____) _____
Area Code and Daytime Telephone Number

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

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

**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. D & K LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/21/2017 3. B17000000049
Date of filing/registration in Florida 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:

Sagi Genger
Name
10031 W Broadview Rd.
Address
Bay Harbor Islands, FL 33154
City, State and Zip

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

Mark Kesselman
Name
170 Chilean Avenue, Apt 6B
Florida street address (P.O. Box not acceptable)
Palm Beach FL 33480
City, State and Zip

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

/s/ Mark Kesselman
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.

/s/ Mark Kesselman
Signature of Registered Agent

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

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