

A21000000256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

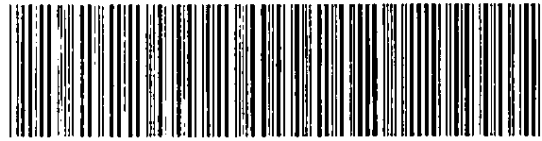
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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ALLAHASSEE, FL

FILED

2022 MAY 26 AM 9:20

TALLAHASSEE, FL

Handwritten signature/initials

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com

incserv[®]

ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/26/2022

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1041612

ORDER ENTITY

CLARIDGE HOMES (3000 WATERSIDE) LP

PLEASE PERFORM THE FOLLOWING SERVICES:

CLARIDGE HOMES (3000 WATERSIDE) LP (FL)

File the attached change of agent document

NOTES:

\$52.50 Authorized
Email address for annual report reminders: shagen@harpermeyer.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,



Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

**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. CLARIDGE HOMES (3000 WATERSIDE) LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/01/2021 3. A21000000256
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:

CORPORATION SERVICE COMPANY
Name
1201 HAYS STREET
Address
TALLAHASSEE, FL 32301-2525
City, State and Zip

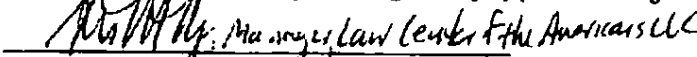
5. The name and Florida street address of the new registered agent and/or office:

LAW CENTER OF THE AMERICAS, LLC
Name
201 S. BISCAYNE BLVD., STE 800
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

2022 MAY 26 AM 9:20
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