A180000000249

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
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DEC 1 5 2027

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJ	TECT: 740 (COLLINS AVE	E MIAMI, LP		
			ability Limited Partnership		
DOC	UMENT NUMBER:	A18000000249			
	nclosed Statement of Change of are submitted for filing.	Registered Office	and/or Registered Agent and		
Please	e return all correspondence conce	erning this matter	to:		
	R. Anthony Fish	er			
	Contact Person				
	Hold-Thyssen, Ir	nc.			
	Firm/Company				
	301 S New York Ave, S	Suite 200			
	Address				
	Winter Park, FL 32	2789			
	City, State and Zip Co				
	afisher@holdthys	ssen com			
——————————————————————————————————————	-mail address: (to be used for future an		on)		
For fu	rther information concerning thi	is matter, please c	all:		
	R. Anthony Fisher	at (407	7 ₎ 691-0505		
	Name of Contact Person	Area Co	7) 691-0505 de and Daytime Telephone Number		
Enclos	sed is a \$35.00 check made paya	able to the Florida	Department of State.		
STRE	CET ADDRESS:	Ma	AILING ADDRESS:		
Regist	tration Section	Re	gistration Section		
Divisi	on of Corporations		vision of Corporations		
	n Building		O. Box 6327		
	Executive Center Circle	Tal	llahassee, FL 32314		
Tallah	assee, FL 32301				

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	740 COLLINS	AVE M	<u>IAMI</u>	, LP		
Nan	ne of Limited Partnership or L	imited Liab	lity Lin	nited Partnership		
2. 00	6/19/2018	3.		A180000002	49	
Date of filing/registration in Florida		-		Florida document nu	mber	
4. The name of the reg Department of State:	sistered agent and the registere	d office add	ress as s	shown on the records	s of the Florida	
	Joy I	Myers				
	Name					
	301 S New Yor	k Ave, S	uite 20	00		
	Address				2022	
	Winter Par		'89		· · · · · · · · · · · · · · · · · · ·	
	City, Sta	te and Zip			. :-	
5. The name and Flori	da street address of the new re	gistered age	nt and/c	or office:		
	R. Antho	ny Fishe	r		·	
•	N:	ıme			E e	
	301 S New Yorl	κ Ave, Sι	ite 20	00	: 0	
•	Florida street address (1					
	Winter Park		FL	32789		
Λ	City, Sta	te and Zîp				
6. Such change(s) is/a	re effective when viled by the I	lorida Depa	ırtment	of State.		
11	$\sim \sim $	DIKE M	1 <i>60</i> 7	E۸		
Signature of General P	artner	KIND W	10E •	• K		
-		4		ation of the state of the state of		
comply with the provis	pointment as registered agent of ions of all statutes relative to t an accept the obligations of m	he proper a	nd comp	plete performance of		
FLYLY		_				
Signature of Registered	d Agent					
Filing Fee:	\$35.00					

Certified Copy (optional): \$52.50