

A060000000774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

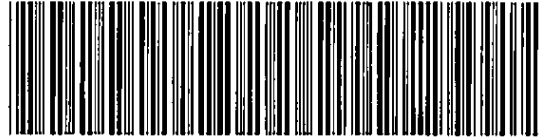
(Document Number)

Certified Copies _____

Certificates of Status _____

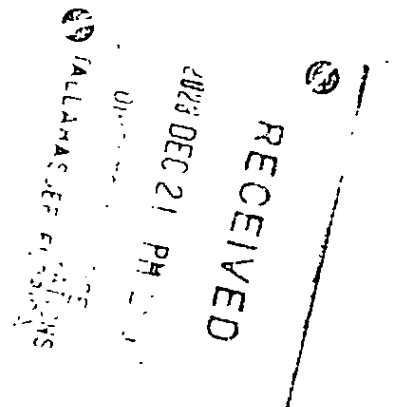
Special Instructions to Filing Officer:

Office Use Only



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**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: BROOK 12/21

CERTIFIED COPY

XX PHOTOCOPY

GS

XX FILING

STATEMENT OF CHANGE

1. CHESTER PARTNERS, LLP

(CORPORATE NAME AND DOCUMENT #)

2.
(CORPORATE NAME AND DOCUMENT #)

3.
(CORPORATE NAME AND DOCUMENT #)

4.
(CORPORATE NAME AND DOCUMENT #)

5.
(CORPORATE NAME AND DOCUMENT #)

6.
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chester Partners LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A06000000774

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:

Stephen Snyder

Contact Person

Chester Partners

Firm/Company

455 NE 5th Avenue D-373

Address

Delray Beach, FL 33483

City, State and Zip Code

sfs@chesterpartners.com

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

For further information concerning this matter, please call:

Stephen Snyder

at (561) 276-4044

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. Chester Partners, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/13/2006

Date of filing/registration in Florida

3. A06000000774

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:

Wells & Wells, PA

Name

901 Ponce de Leon Blvd. #200

Address

Coral Gables, FL 33134

City, State and Zip

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

Corporate Access, Inc

Name

236 East 6th Avenue

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

Tallahassee FL 32303

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