

A000000000 712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

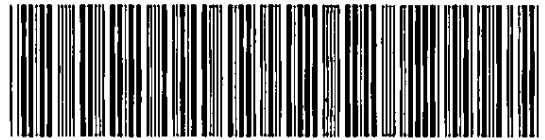
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300326414303

03/19/19--01020--003 **35.00

FILED
2019 MAR 19 P 3 35
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

APR 03 2019
T. LEMIEUX



2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone (800)533-7272 Fax (800)603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

NUMBER PAGES:

Date: March 06, 2019

AE: Kerra Childress

TO: Registration Section Division of
Corporations

H1039

REFERENCE: 1264815

CLIFTON BUILDING

2661 EXECUTIVE CENTER CIRCLE

TALLAHASSEE, FL 32301

FAX:

PLEASE PERFORM THE FOLLOWING:

ASOT ENTERPRISES LLLP

Change of Registered Agent

IN: FL

SPECIAL INSTRUCTIONS: Please process routine. One plain copy.

PLEASE RETURN: Regular Mail

PLEASE CALL (800)533-7272 ATTN: Kerra Childress TO CONFIRM FILING RESULTS

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
(800)533-7272

**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. ASOT ENTERPRISES, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/28/2000
Date of filing/registration in Florida

3. A00000000712
Florida document number

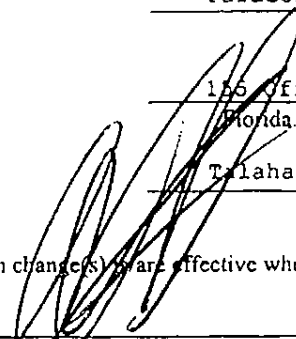
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

T & S REGISTERED AGENTS, LLC
Name
925 S. FEDERAL HIGHWAY SUITE 500
Address
BOCA RATON, FL 33431
City, State and Zip

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

Paracorp Incorporated
Name
155 Office Plaza Drive, 1st Floor
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
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

FILED
2019 MAR 19 P 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA