

A00000001607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

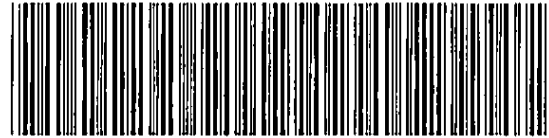
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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600337248286

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 NOV 25 09:20

FILED

19 NOV 25 09:11

RECEIVED

DEC 10 2018

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 059448 7866158

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 35.00

ORDER DATE : November 21, 2019

ORDER TIME : 8:56 AM

ORDER NO. : 059448-005

CUSTOMER NO: 7866158

CHANGE OF AGENT

NAME: PONCE HARBOR PARTNERS, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson -- EXT# 62968

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMIT**

Please give original  
submission date as file date.

December 12, 2019

CSC  
AMANDA ROBINSON

SUBJECT: PONCE HARBOR PARTNERS, LTD..  
Ref. Number: A00000001607

We have received your document for PONCE HARBOR PARTNERS, LTD..  
However, the document has not been filed and is being returned for the following:

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or  
your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call  
(850) 245-6050.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 419A00025233

10/27/2019 10:40:01

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ponce Harbor Partners, Ltd.

\_\_\_\_\_  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A00000001607

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:

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Firm/Company

\_\_\_\_\_  
Address

\_\_\_\_\_  
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

\_\_\_\_\_  
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. Ponce Harbor Partners, Ltd.  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/24/2000 3. A00000001607  
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:

CS Sunbiz, LLC

Name

700 West Morse Blvd, suite 220

Address

Winter Park, FL 32789

City, State and Zip

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

Corporation Service Company

Name

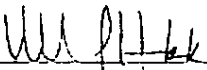
1201 Hays Street

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

Tallahassee FL 32301

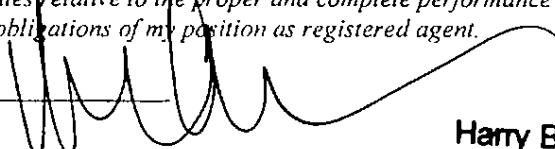
City, State and Zip

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

  
Signature of General Partner

Ponce Harbor Partners, Ltd.  
By: Lakeside Capital GP LLC, its General Partner  
By: Lakeside Capital Advisors LP, its Sole Member  
By: LCA GP LLC, a General Partner  
By: Michael J. Hornbrook, its President

*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

**Harry B. Davis**  
Asst. Vice President

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