

AC1000000230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

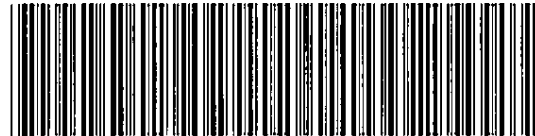
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

R. HUNT
08/02/23

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

ACCOUNT NO. : I20000000195

REFERENCE : 915601 8081655

AUTHORIZATION :

E. J. Coleman

COST LIMIT : \$ 35.00

ORDER DATE : August 2, 2023

ORDER TIME : 10:13 AM

ORDER NO. : 915601-005

CUSTOMER NO: 8081655

2023 AUG -2 PM 12:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CHANGE OF AGENT

NAME: COHEN FAMILY LIMITED
PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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. COHEN FAMILY LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/12/2001 3. A01000000230
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:

COHEN, MICHAEL J
Name
3265 NE 31 AVENUE
Address
LIGHTHOUSE POINT, FL 33064
City, State and Zip

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

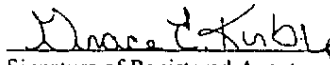
Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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


Signature of General Partner

MARK COHEN, 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

GRACE E. KIRBY, ASST. VICE PRESIDENT

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

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