

A010000000 269

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** THE SCHREIBER CO.-BELLEVIEW ASSOCIATES, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A01000000269

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:

Anthony V. Cortese  
Contact Person  
Anthony V. Cortese Attorney At Law  
Firm/Company  
5027 West Laurel Street, Suite 213  
Address  
Tampa, FL 33607  
City, State and Zip Code

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

For further information concerning this matter, please call:

Anthony V. Cortese at ( 813 ) 286-1557  
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. THE SCHREIBER CO.-BELLEVIEW ASSOCIATES, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 3/25/2001

Date of filing/registration in Florida

3. A01000000269

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:

Anthony V. Cortese

Name

1111 North Westshore Blvd., Suite 213

Address

Tampa, FL 33607

City, State and Zip

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

Anthony V. Cortese

Name

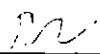
5027 West Laurel Street Suite 213

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

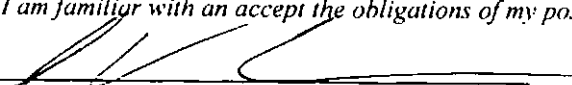
Tampa FL 33607

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**

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STATE OF FLORIDA  
CLERK OF THE STATE