A01000001225

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
{ PICK-UP WAIT MAIL					
_					
and an					
- (Business Entity Name)					
[
(Document Number)					
)					
Certified Copies Certificates of Status					
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Special Instructions to Filing Officer:					
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Office Use Only					
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2024 HAY -1 AH 9: 43 FILED

2024 APR 26 PH 3: 39

CORPORATE ACCESS;

When you need ACCESS to the world

INC.

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 4/26				
	XX	CERTIFIED COPY PHOTOCOPY					
,		GS					
	XX	FILING	Change of RA				
1.		FINLAY INTERESTS 37, LTD (CORPORATE NAME AND DOCUMENT #)					
2.		(CORPORATE NAME AND DOCUMENT #)					
3.		(CORPORATE NAME AND DOCUMEN	(ΥΓ #)				
4.							
5.		(CORPORATE NAME AND DOCUMEN	X F #)				
6.		(CORPORATE NAME AND DOCUMEN	Ϋ́ (
0.		(CORPORATE NAME AND DOCUMEN	Ϋ́Γ#)				
SPE	SPECIAL INSTRUCTIONS:						

Corrected



May 1, 2024

CORPORATE ACCESS

SUBJECT: FINLAY INTERESTS 37, LTD.

Ref. Number: A01000001225

We have received your document for FINLAY INTERESTS 37, LTD. and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is an additional filing fee of \$10.00. The LLC is \$25.00 a Limited Partnership is \$35.00

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 924A00009230

RECEIVED
2024 HAY -1 PM 2: 45
SECRETARY OF STATE
TALLAHASSEE F. STATE

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.

·· 	RESTS 37, LTD. Ime of Limited Partnership or Lim	ited Liability Limited Partnership				
2.09/11/2001 3. A0100000122						
Date of filing	g/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:						
	Lloyd Jones LLC					
	ne					
	100 Crescent Court, Suite 700					
	_					
	Dallas, FL 75201		2024 TĂĹ			
	City, State	and Zip	五五			
Dallas, FL 75201 City, State and Zip 5. The name and Florida street address of the new registered agent and/or office: Lloyd Jones LLC Name 132 Sawmill Lakes Blvd Florida street address of the new registered agent and/or office: Part 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Lloyd Jones LLC					
	Nam	ne	ا او			
	132 Sawmill Lakes Blvd		5 5			
	Florida street address (P.0	O. Box not acceptable)	P			
	Ponte Vedra Beach	_{FL} 32082				
	City, State	and Zip				
6. Such change(s) is/are effective when filed by the Florida Department of State.						
FINLAY INTERE	STS 37, LLC					
Signature of General	Partner					
comply with the provi		d agree to act in this capacity. I fu proper and complete performance position as registered agent.				
/s/ Stacey Hess						
Signature of Register	ed Agent					

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50