

A01000001357

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

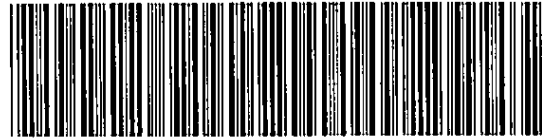
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900372475599

AUG 31 2021

08/31/21--01005--011 **35.00

2022 AUG 30 AM 9:01

FILED

RH/chg

SEP 11 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KNUDSEN PARTNERS, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A01000001357

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:

KAREN GILMER

Contact Person

KNUDSEN PARTNERS, LTD

Firm/Company

999 DOUGLAS AVE, SUITE 2220

Address

ALTAMONTE SPRINGS, FL 32714

City, State and Zip Code

KAREN.G@SCANDESIGN.COM

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

For further information concerning this matter, please call:

KAREN GILMER

at () 407/831-7734

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. KNUDSEN PARTNERS, LTD

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/26/2001

Date of filing/registration in Florida

3. A01000001357

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:

KNUDSEN, KNUD P

Name

999 DOUGLAS AVE, STE. 2220

Address

ALTAMONTE SPRINGS FL 32714

City, State and Zip

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

JESPER KNUDSEN

Name

999 DOUGLAS AVE, STE. 2220

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

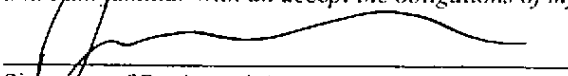
ALTAMONTE SPRINGS FL 32714

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

2022 AUG 30 AM 9:01

FILED