

A04 000 000 079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

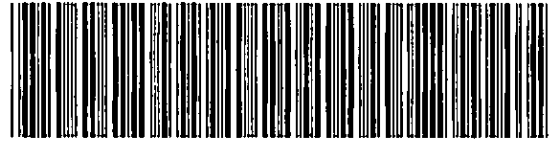
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8/23/22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacord Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A04000000079

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:

Melvin S Jacobson
Contact Person
Jacord Limited Partnership
Firm/Company
3825 Henderson Blvd. #100
Address
Tampa, FL 33629
City, State and Zip Code
melson@tampabay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melvin S Jacobson at (813) 731-1653
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. Jacord Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/08/2004

Date of filing/registration in Florida

3. A04000000079

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:

Sam I Reiber

Name

3825 Henderson Blvd., #100

Address

Tampa, FL 33629

City, State and Zip

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

Jacord, Inc.

Name

3825 Henderson Blvd., #100

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

Tampa

FL 33629

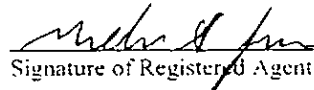
City, State and Zip

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