

A04000000107E

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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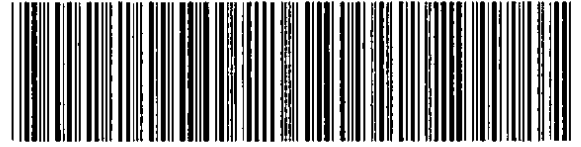
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KULVIN HOLDINGS LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A04000001070

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:

Marie Hauer  
Contact Person  
C T Corporation System  
Firm/Company  
28 Liberty St.  
Address  
New York, NY 10005  
City, State and Zip Code  
Smj5MDPRK@AOL.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Hauer at ( 212 ) 894-8504  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. KULVIN HOLDINGS LIMITED PARTNERSHIP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/29/2004 3. A04000001070  
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:

CORPDIRECT AGENTS, INC  
Name  
1200 South Pine Island Road  
Address  
MIAMI, FL 33324  
City, State and Zip

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

C T Corporation System  
Name  
1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)  
Plantation, FL 33324  
City, State and Zip

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

[Signature]  
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] Asst Secy  
Signature of Registered Agent

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

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