

A04000001185

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

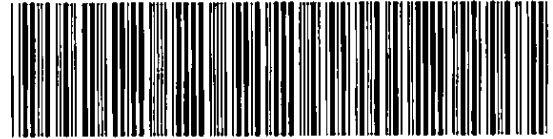
(Business Entity Name)

(Document Number)

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2021 OCT 12 AM 9:00

CLERK OF STATE  
TALLAHASSEE, FL

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2021 OCT 12 PM 3:46

CLERK OF STATE  
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 027675 8353174

AUTHORIZATION :

COST LIMIT : \$35.00

ORDER DATE : September 23, 2021

ORDER TIME : 2:10 PM

ORDER NO. : 027675-023

CUSTOMER NO: 8353174

CHANGE OF AGENT

NAME: RJKB INVESTMENTS, LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**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. RJKB INVESTMENTS, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 07/19/2004 3. A04000001185  
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:

YULMAN, E. RICHARD  
Name  
2535 Lake Avenue  
Address  
Miami Beach, FL 33140  
City, State and Zip

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

Corporation Service Company  
Name  
1201 Hays Street  
Florida street address (P.O. Box not acceptable)  
Tallahassee FL 32301  
City, State and Zip

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TALLAHASSEE, FL

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

Jill E. Cilmi  
Signature of General Partner

Jill Cilmi, Attorney In Fact

*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.*

Grace E. Kirby  
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

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