

A05 000001577

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

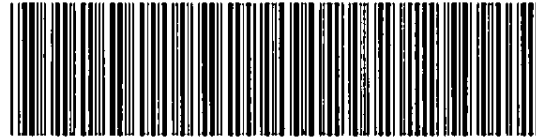
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COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 04/04/2024

Name: Patrice Rush

Reference #: 2325749

Entity Name: JOHNSON LAKES ESCAMBIA LIMITED PARTNERSHIP

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$25.00

Signature: 



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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHNSON LAKES ESCAMBIA LIMITED PARTNERSHIP
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sam Sari
Name of Person

Landmark Asset Services, Inc.
Firm/Company

401 E 4TH STREET STE 203
Address

Winston-Salem, NC 27101
City/State and Zip Code

devadmin@landmarkdevco.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sam Sari at (336) 714-8910
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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. JOHNSON LAKES ESCAMBIA LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/10/2005
Date of filing/registration in Florida

3. A05000001577
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:

None: RA resigned 06/09/2023
Name

Address

City, State and Zip

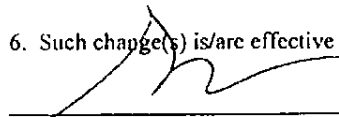
5. The name and Florida street address of the new registered agent and/or office:

COGENCY GLOBAL INC.
Name

115 North Calhoun Street, Suite 4
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
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

2665-4 07 9:23
11/15