

A05000001818

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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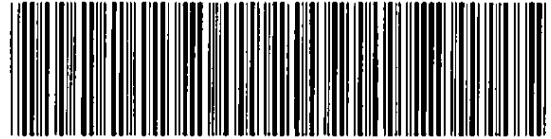
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4770-B4 LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A05000001818

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:

Penny B. Bickley

Contact Person

4770-B4 LLLP

Firm/Company

PO Box 66959

Address

St Pete Beach, FL 33736

City, State and Zip Code

psb7396@gmail.com

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

For further information concerning this matter, please call:

Penny B. Bickley

at ( 727 ) 667-0087

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

FILED  
2023 AUG 15 PM 12:16  
CLERK OF COURT  
JULIA A. BROWN  
CLERK OF COURT

**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. 4770-B4 LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/25/2023 3. A05000001818  
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:

Penny B Bickley  
Name

740 64th Avenue  
Address

St Pete Beach, FL 33706  
City, State and Zip

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

Frederick L. Bickley, Jr.  
Name

7221 50th Street No  
Florida street address (P.O. Box not acceptable)

Pinellas Park FL 33781  
City, State and Zip

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

  
Signature of General Partner B4 GPR LLC

*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

FILED  
2023 AUG 15 PM 12:56  
CLERK OF THE COURT  
HALL COUNTY, FLORIDA