## A050002269

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| (Chystale/Zip/Filone #)                 |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Bocament Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| <u> </u>                                |
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Office Use Only



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## Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301 850.656.7956

Fax: 850.656.7953 www.Incserv.com

e-mail: accounting@incserv.com



## **ORDER FORM**

**TO** Florida Department of State Division of Corporations, Clifton

Building

2661 Executive Center Circle Tallahassee, FL 32301

corphelp@dos.myflorida.com

850-245-6051

**FROM** 

Melissa Stops

mstops@incserv.com

850.656.7953

**REQUEST DATE** 4/4/2019

**PRIORITY** Routine

**OUR REF # (Order ID#)** 733708

ORDER ENTITY

BOYD EQUITY INVESTMENTS LIMITED

PLEASE PERFORM THE FOLLOWING SERVICES:

File the attached change of agent document

**NOTES:** 

\$35.00 Authorized

Email address for annual report reminders: msontag@bassberry.com \

**RETURN/FORWARDING INSTRUCTIONS:** 

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, April 04, 2019 Page 1 of 1

## 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.

| Boyd Equity Investments Limited   |  |  |
|---|--|--|
| Name of Limited Partnership or Limi   | ted Liability Limited Partnership                    |  |
| 2. December 22, 2005  | 2. A05000002289                                      |  |
| Date of filing/registration in Florida  | Florida document number                              |  |
| 4. The name of the registered agent and the registered of Department of State:  | ffice address as shown on the records of the Florida |  |
| Hugh R. I   | 30yd   |  |
| Name  | ;  |  |
| 1501 Gulf Boulevan  | vard, Unit No. 203                                   |  |
| Addre   |  |  |
| Clearwater, Florida 33767   |  |  |
| City, State a   | and Zip  |  |
| 5. The name and Florida street address of the new regist  | ered agent and/or office:                            |  |
| Katherine E   | . Boyd   |  |
| Name  |  |  |
| 1501 Gulf Bouleva   | rd, Unit No. 405                                     |  |
| Florida street address (P.C   |  |  |
| Clearwater  | FL 33767   |  |
| City, State a   | FL33767<br>and Zip                                   |  |
| 6. Such change(s) is/are effective when filed by the Flor   | rida Denartment of State.                            |  |
| Signature of General Partner  |  |  |
| I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with an accept the obligations of my particles. | proper and complete performance of my duties,        |  |
| Signature of Registered Agent   |  |  |
| Signature of registered Agent   |  |  |
| Filing Fee: \$35.00<br>Certified Copy (optional): \$52.50   |  |  |