

# A06 000000544

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

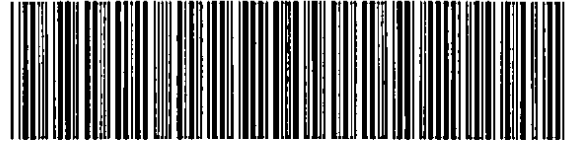
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700347752407

RECEIVED

JUL 13 2020

07/23/20--01:22 PM 4036.00

FILED

2020 JUL 13 AM 8:03

SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 23 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OSBORNE FAMILY PARTNERS, LTD  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A06000000544

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:

ANDREW MELLEN

Contact Person

OSBORNE FAMILY PARTNERS

Firm/Company

10355 PARADISE BLVD. #1003

Address

TREASURE ISLAND, FL 33706

City, State and Zip Code

ANDREW@ANDREWMELEN.COM

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

For further information concerning this matter, please call:

ANDREW MELLEN

at (

212

452-3122

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

2020 JUL 13 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

**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. OSBORNE FAMILY PARTNERS, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/04/2006 3. A06000000544  
Date of filing/registration in Florida Florida document number

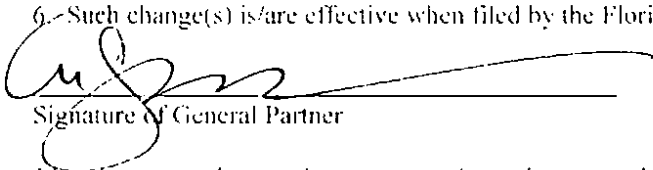
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

CORPORATE ACCESS, INC.  
Name  
236 E. 6TH AVE  
Address  
TALLAHASSEE, FL 32303  
City, State and Zip

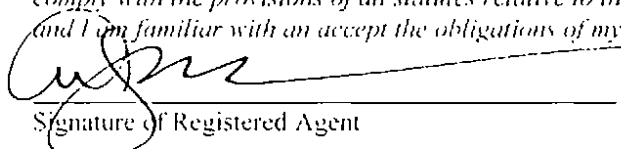
5. The name and Florida street address of the new registered agent and/or office:

ANDREW MELLEN  
Name  
10355 PARADISE BLVD, UNIT #1003  
Florida street address (P.O. Box not acceptable)  
TREASURE ISLAND FL 33706  
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

2020 JUL 13 AM 8:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED