

A07000000240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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K. SALY
JAN - 7 2020



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 120000000088

Date: 01/06/2020

Name: Chris Vick

Reference #: 1171476

Entity Name: HODAPP COHEN FAMILY LIMITED PARTNERSHIP, LLLP

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$35.00

Signature: 

• CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
O: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

• EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN ENGLAND & WALES,
REGISTRY #301972
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

• ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 1/F, LIPPO EIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

**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. HODAPP COHEN FAMILY LIMITED PARTNERSHIP, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/01/2007

Date of filing/registration in Florida

3. A07000000240

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:

BSPA CORPORATE SERVICES, INC.

Name

EAST LAS OLAS BLVD., SUITE 1000

Address

FT. LAUDERDALE, FL 33301

City, State and Zip

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

COGENCY GLOBAL INC.

Name

115 N CALHOUN ST, 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.

E. Hodapp
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.

Umutt Walker, Asst. Secretary
Signature of Registered Agent

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

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2007 JAN -6 AM 9:30
TALLAHASSEE, FLORIDA