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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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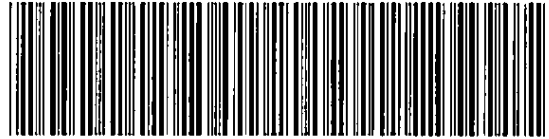
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: B7 LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A07000001136

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

B7 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

**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. B7 LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 01/25/2023

Date of filing/registration in Florida

3. A07000001136

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

B7 GP 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

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CLERK OF THE COURT
JACKSONVILLE, FLORIDA