A07000001151

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ad | dress) | |
| | | · |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| | | |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| ership or Limited Liability Limited Partnership |
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| 51 |
| egistered Office and/or Registered Agent and |
| rning this matter to: |
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| ual report notification) |
| matter, please call: |
| ual report notification) matter, please call: at (\frac{727}{\text{Area Code and Daytime Telephone Number}} |
| Area Code and Daytime Telephone Number |
| |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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.

| 4755-B2 LLLP | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| Name of Limited Partnership or Li | mited Liability Limited Partnership | |
| 2.01/25/2023 | 3. <u>A07000001151</u> | |
| Date of filing/registration in Florida | Florida document number | |
| 4. The name of the registered agent and the registered Department of State: | Forfice address as shown on the records of the Florida | |
| Penny B Bickley | | |
| | me | |
| 740 64th Avenue | | |
| Ade | Iress | |
| St Pete Beach, FI | _ 33706 | |
| City, Stat | te and Zip | |
| 5. The name and Florida street address of the new reg | gistered agent and/or office: | |
| Frederick L. Bickley | , Jr. | |
| Na | ime : 23 | |
| 7221 50th Street | No E E | |
| Florida street address (I | 2.O. Box not acceptable) | |
| Pinellas Park | _{FL} 33781 | |
| City, Stat | te and Zip | |
| 6. Such change(s) is/are effective when filed by the I | 7.0 | |
| Comment of the commen | Cau | |
| Signature of General Partner Back LL | c) | |
| I hereby accept the appointment as registered agent a comply with the provisions of all statutes relative to the and I am familiar with an accept the obligations of m | he proper and complete performance of my duties, | |
| Signature of Rogistered Agent | | |

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50