

A07 000000 1186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

GANesh XIX LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER:

A07 00000 1186

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:

VIRGINIA Iles

Contact Person

B12 L26

Firm/Company

Regency Cove

4851 W Gandy Blvd

Address

Tampa FL 33611

City, State and Zip Code

vtigrm@aol.com

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

For further information concerning this matter, please call:

VIRGINIA Iles

Name of Contact Person

at

(860) 488-5866

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

GANESH LLLP

**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. GANESH XIX LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10-18-2007 3. A07000001186
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:

Iles, VIRGINIA
Name
3206 W. Azeele Street #116
Address
TAMPA FL 33609
City, State and Zip

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

Iles, VIRGINIA
Name
B12 L26 Regency Cove
4851 W Gandy Blvd
Florida street address (P.O. Box not acceptable)
TAMPA FL 33611
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.

mm/ X
[Signature]
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.

Virginia Iles
Signature of Registered Agent

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

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