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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ganesh XIX LLP
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 Tbs

Contact Person

B12 L26 Firm/Company Regency Corp
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 Tbs
Name of Contact Person

at (860) 489-5866
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 LLP

**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 LLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 10-18-2007

Date of filing/registration in Florida

3. A07000001186

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:

Tiles, 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:

Tiles, Virginia

B12 L26 Name Regency Cove

4851 W Gandy Blvd

Florida street address (P.O. Box not acceptable)

Tampa FL 33611

City, State and Zip

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FLORIDA
CORPORATION
DIVISION

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

mmi X

Nicole
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.

Nicole Tiles
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50