

A08000000011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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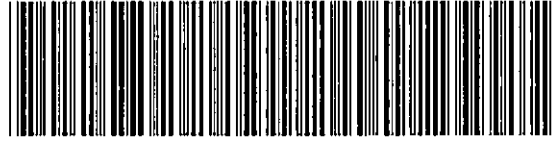
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/19/19--01001--020 **35.00

19 AUG 16 PM 4:52

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19 AUG 16 AM 7:50
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K. SALY
AUG 19 2019

FLORIDA RESEARCH & FILING SERVICES, INC.

1211 CIRCLE DR

TALLAHASSEE, FL 32301

PH: 850-524-4381

PLEASE FILE THE ATTACHED CHANGE OF AGENT FOR:

BRICKELL HOTEL GROUP, LLLP

PLEASE RETURN A STAMPED COPY

CK# 8322 FOR: \$35.00

THANK YOU!

**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. BRICKELL HOTEL GROUP, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/3/2008 3. A08000000011
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:

ATRIUM REGISTERED AGENTS

Name

8950 SW 74th Court, Suite 1901

Address

Miami, FL 33156

City, State and Zip

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

MARK R. STARKMAN, ESQ.

Name

8950 SW 74TH COURT, SUITE 1901

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

MIAMI

FL 33156

City, State and Zip

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

✓ Howard Wolfson
Signature of General Partner

8-15-19

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.

Mark R. Starkman
Signature of Registered Agent

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

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