A0800000536

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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Y SULKER MAY 2 7 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:05/22/2020	
Name: Jennifer Bialowas	
Reference #:1222966	
Entity Name: FAP HOLDIN	GS, LLLP
Articles of Incorporation/Authorization to Tra	nsact Business
Amendment	
Reinstatement	
Conversion	
Merger	
Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: 35.00	
Signature	

F: +852.2682.9790

COVER LETTER

TO: Registration Section Division of Corporations		
FAP HOLDINGS, LLLP		
Name of Limited Partn	ership or Limited Liability Limited Partnership	
DOCUMENT NUMBER: A080000005		
	Registered Office and/or Registered Agent and	
Please return all correspondence conce	rning this matter to:	
Frank Pero		
Contact Person	 	
Firm/Company		
10427 Rio Lindo		
Address		
Delray Beach, Florida 33446		
City, State and Zip Cod-	P	
Frank.Pero@perofamilyfarms.com	•	
E-mail address: (to be used for future ann	ual report notification)	
For further information concerning this	matter, please call:	
Jennifer Bialowas	at (518) 213-0733	
Name of Contact Person	at (518) 213-0733 Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payab	ole to the Florida Department of State.	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
'allahassee, FL 32314 2415 N. Monroe Street, Suite		

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.

L FAP HOLDINGS, L				
	ted Partnership or Li	imited Liability Limited Partnership)	
2.05/21/2008		3. A08000000536	3 A0800000536	
Date of filing/registration	Date of filing/registration in Florida Florida document number		t number	
4. The name of the registered ago Department of State:	ent and the registered	d office address as shown on the rec	ords of the Florida	
BSPA	CORPORAT	E SERVICES, INC.		
	Na	nne		
350 EA	ST LAS OLAS	S BLVD., SUITE 1000		
	Ado	iress		
FORT	LAUDERDA	LE, FL 33301		
	City, Stat	te and Zip	~-,	
5. The name and Florida street a	ddress of the new reg	gistered agent and/or office:	2020 MAY 26 Seore Day Ali de rest	
COGE	NCY GLOBA	AL INC.	習	
	Na	ame	26	
115 No	orth Calhoun S	Street, Suite 4	 : (
Flo	rida street address (l	P.O. Box not acceptable)	AH (6)	
Tallaha	assee	FL 32301	8. 22 1811 1811 1811 1811 1811 1811 1811 1	
	City, Stat	te and Zip	S''' Ø1	

Signature of General Partner

Thereby 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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

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