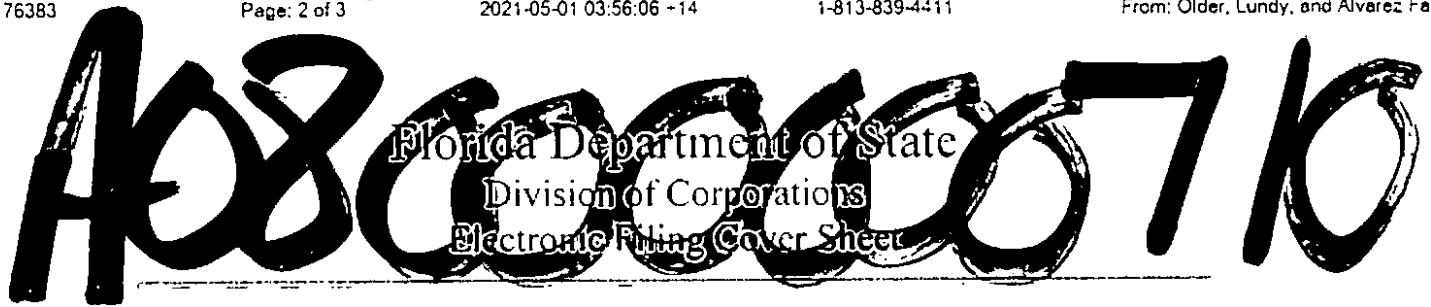




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((H21000174024 3)))

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : OLDER LUNDY & ALVAREZ
Account Number : I20190000084
Phone : (813)254-8998
Fax Number : (813)839-4411

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: HTeichman@OLAlaw.com

REGISTERED AGENT CHANGE
CROMPTON SONGS LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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FLORIDA STATE

**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. CROMPTON SONGS LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 7/30/2008

Date of filing/registration in Florida

3. A08000000710

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:

ADDICOTT & ADDICOTT PA

Name

900 N. FEDERAL HWY SUITE 201

Address

HALLANDALE, FL. 33009

City, State and Zip

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

HARRY TEICHMAN, ESQ

Name

1000 W. CASS STREET

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

TAMPA, FL. 33606

City, State and Zip

6. Such change of office effective when filed by the Florida Department of State.

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.

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA