

A08 0000000994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

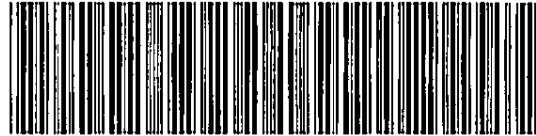
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100371336741

08/16/21 -01017--005 \*\*35.00

FILED

2021 AUG 16 PM 1:15

CLERK OF STATE  
TALLAHASSEE, FL

2021 AUG 16

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Gerber Holdings, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A0800000994

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:

Marlies Gerber

Contact Person

Gerber Holdings, LLLP

Firm/Company

700 S. Highland Ave.

Address

Bloomington, IN 47401-5034

City, State and Zip Code

gerberma@gmail.com

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

For further information concerning this matter, please call:

Marlies Gerber

Name of Contact Person

at ( 812 ) 325 1131

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

**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. Gerber Holdings, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/04/2008 3. A08000000994  
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:

Amelia M. Campbell  
Name

101 East Kennedy Blvd., Suite 3700  
Address

Tampa, FL 33602  
City, State and Zip

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

Gregg Lynch  
Name

14144 Sixth Street  
Florida street address (P.O. Box not acceptable)

Dade City FL 33525  
City, State and Zip

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

Amelia Gerber  
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*

Gregg Lynch  
Signature of Registered Agent

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

FILED  
2021 AUG 16 PM 1:15  
STATE  
TALLAHASSEE, FL