## A09 000000 294

(Requestor's Name)					
(Address)					
(A	ddress)				
(C	ity/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: March 25, 2019

Order#: 682424/034

Re: NEW HORIZONS PRESERVATION ASSOCIATES, LLLP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of s partnership or limited liability change its registered office or	limited partnership	p submits tl	he follo	wing statement in order to			
	ONS PRESER			-31 - 2			
	ed Partnership or Li			ited Partnership			
2. 05/04/2009		3		A09000000294			
2. 05/04/200 Date of filing/registration	in Florida	J	F	A0900000294 dorida document number			
4. The name of the registered age Department of State:	ent and the registered	l office addr	ess as sl	nown on the records of the Flo			
REGI	STERED AGEN	NT SOLU	TIONS	S. INC			
	Na						
155	OFFICE PLAZ	A DRIVE	SUIT	ΕA			
Address							
TALLAHASSEE, FL 32301							
<del></del>	City, State	and Zip					
5. The name and Florida street ad	dress of the new reg	istered agen	t and/or	office:			
(	Corporation Ser	vice Con	nany				
<del></del>	Nar Nar		iparry	<del></del>			
	1201 Hav	e Straat					
1201 Hays Street Florida street address (P.O. Box not acceptable)							
			-				
<del></del> -	Tallahassee City, State	and Zin	_F1	32301			
6. Such change(s) is/are effective	when filed by the Fl						
Signature of General Partner Jill Cilmi, Vice President on behalf I hereby accept the appointment as comply with the provisions of all si and I am familiar with an accept the Corporation Service By: Signature of Registered Agent Grace E. Kirby, Asst. Vice	of Preservation of A segistered agent an tatutes relative to the people of my Company	d agree to a : proper and	ct in thi  comple	s capacity. I further agree to			
Filing Fee:	\$35.00						
Certified Copy (optional):	\$52.50						