

A09000000379

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Y SULKER

MAY 20 2020

X



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

Account#: I20000000088

Date: 05/13/2020

Name: Chris Vick

Reference #: 1219920

Entity Name: MADGG, LLLP

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$35.00

Signature: 



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 14, 2020

COGENCY GLOBAL

SUBJECT: MADGG, LLLP
Ref. Number: A09000000379

We have received your document for MADGG, LLLP and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number of the entity must be same throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 820A00009810

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2020 MAY 19 PM 12:35
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MADGG, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A09000000379

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:

ADRIANNA LIGHT
Contact Person

DUGGAN BERTSCH, LLC
Firm/Company

303 WEST MADISON, SUITE 1000
Address

CHICAGO, ILLINOIS 60606
City, State and Zip Code

DLITTWIN@DUGGANBERTSCH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADRIANNA LIGHT at (312) 263-8600
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. MADGG, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 06/08/2009 3. A09000000379
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:

CT CORPORATION SYSTEM
Name
1200 SOUTH PINE ISLAND ROAD
Address
PLANTATION, FLORIDA 33324
City, State and Zip

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

COGENCY GLOBAL INC.
Name
115 NORTH CALHOUN STREET, SUITE 4
Florida street address (P.O. Box not acceptable)
TALLAHASSEE FL 32301
City, State and Zip

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

[Signature]
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]
Signature of Registered Agent

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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