## A1000000347

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## **COVER LETTER**

TO:	Registration Section Division of Corporations			
CHDI	P	Bellinger Investments, Ltd.		
SUDJ	Name of Limited F	Partnership or Limited Liability Limited Partnership		
DOC		A1000000347		
	nclosed Statement of Change are submitted for filing.	of Registered Office and/or Registered Agent and		
Please	e return all correspondence co	ncerning this matter to:		
	Richard P. Bellin	пуст		
	Contact Person	n		
	Bellinger Investme	nts, Ltd.	1 3 	•
	Firm/Company	,	63	
	9810 Kirkstone Terra	ace Drive	10年7年7日	
	Address		. `^i	
	Spring, TX 773	79	: 135	
	City, State and Zip	Code	•	
	rpbellinger@gmai	Lcom		
E	-mail address: (to be used for future	annual report notification)		
For fu	rther information concerning	this matter, please call:		
	Richard P. Bellinger	at ( 561 309-6078		
	Name of Contact Person	Area Code and Daytime Telephone Number		
Enclo	sed is a \$35.00 check made pa	ayable to the Florida Department of State.		
Mailii	ng Address:	Street Address:		
	tration Section	Registration Section		
	on of Corporations	Division of Corporations		
P.O. E	30x 6327	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

INHS04 (01/06)

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.	Bellinger Inve	stments,	, Ltd.		
Nar	ne of Limited Partnership or Lir	nited Liability	Limited Partnership	_	
<del>-</del>	/2010	3	A1000000347	_	
Date of filing/registration in Florida		Florida document number			
4. The name of the reg Department of State:	gistered agent and the registered	office address	s as shown on the records of the Floric	ia	
	Richard P.	Bellinge	er		
	Nai				
	hase				
	Addı	ess			
Port Saint Lucie, FL 34986					
•	City, State	and Zip	·		
5. The name and Flori	da street address of the new regi	stered agent a	ind/or office:	2	
	Gary J	. Nagle	79 29 (2) 29 (2) 29		
•	Nar	<del></del>		· •	
	14255 U.S. Highwa	y One, Su	iite 203	ALL ALL	
•	Florida street address (P.	O. Box not ac	cceptable)	ن	
	Juno Be	each <sub>F</sub>	<sub>FL</sub> 33408	_	
•	City, State		<del></del>		
6. Such change(s) is/a	re effective when filed by the Fl	orida Departm	nent of State.		
Signature of General P	A Bellymartner				
comply with the provis		e proper and o	t in this capacity. I further agree to complete performance of my duties, egistered agent.		
Signature of Registered	Agent				
Filing Fee: Certified Copy (o)	\$35.00 ptional): \$52.50				