12/23/21, 9:18 AM

Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210004661323)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

\*\*Enter the email address for this business entity to be used for future>

annual report mailings. Enter only one email address please. \*\* Email Address:\_\_

## REGISTERED AGENT CHANGE PANAMA COMMONS, L.P.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

DEC 2 8 2021

S. PRATHER

П

Electronic Filing Menu

Corporate Filing Menu

Help

DocuSign Envelope ID: 99CC05FB-09BF-4944-8424-16188C73E963

## 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.	PANAMA C	OMMONS L.P				
	me of Limited Partnership or Li	mited Liability	Lim	ited Partnership	1	
2.	07/02/2010	3.		A10000000364		
Date of filmg/registration in Florida			3. A1000000036- Florida document nu			
4. The name of the re Department of State.	gistered agent and the registered	d office address	as s	shown on the rea	cords of the Florida	
	Lenn, f	David F				
	Ne	ime				
	390 N. Orange A	Venue Suite 14	00			
	Ado	dress			A L	
	Orlando,	FL 32801				
	City, Sta	te and Zip			IAS	
5. The name and Flor	inda street address of the new re	gistered agent a	nd/c	n office:	SEC.	
	C T Corpor	ation System			بر در در	
	N <sub>i</sub>	ime			ORIA ORIA	
	1200 South Po	ne Island Road			Dr.	
	Flor(da street address (	P.O. Box not ac	cept	ablet		
	Plantation,	Į.	1_	33324		
	City, Sta	te and Zip				
Kence Sandell	effective when filed by the l	florida Departm	ent	of State.		
Signature of General	Partner	_				
comply with the provi	opointment as registered agent o isions of all statutes relative to t h an accept the obligations of m	he proper and c	omp	olete performan	further agree to see of my duties.	
Signature of Register	ed Agent	_				
Denise B	Bell, Asst Secy					
Filing Fee: Certified Conv to	\$35.00 ontional): \$52.50					