

A10 0000000705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

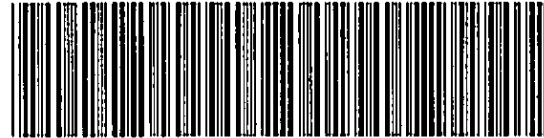
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600358673286

01/25/21--01033--028 **35.00

FILED
2021 JAN 25 PM 5:13
SECRETARY OF STATE
TALLAHASSEE, FL

3/19/21

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cowden Valley Limited Liability Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A10000000705

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:

Jay H Ferris
Contact Person

Cowden Valley LLP
Firm/Company

17668 Passion Flower Circle
Address

Clermont FL 34714
City, State and Zip Code

Cowden Valley@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jay H. Ferris at (813) 382-2339
Name of Contact Person 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

FILED

2021 JAN 25 PM 5:13

SECRETARY OF STATE
TALLAHASSEE, FL

**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. Cowden Valley Limited Liability Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. Nov 10 2010
Date of filing/registration in Florida

3. A10000000705
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:

Jay H. Ferris
Name
5335 Archstone Dr. Apt 301
Address
Tampa FL 33634
City, State and Zip

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

Jay H. Ferris
Name
17668 Passion Flower Circle
Florida street address (P.O. Box not acceptable)
Clermont FL 34714
City, State and Zip

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

Jay H. Ferris
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.

Jay H. Ferris
Signature of Registered Agent