

A10000000774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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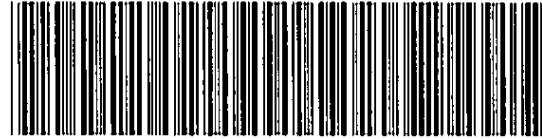
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Nicholson Acquisitions, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A10000000774

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:

Timothy Nicholson

Contact Person

Nicholson Acquisitions, LP

Firm/Company

15 Ocean Harbour Circle

Address

Ocean Ridge, FL 33435

City, State and Zip Code

joycefish2017@outlook.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joyce Fischer

Name of Contact Person

at (717) 766-9244

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. Nicholson Acquisitions, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. November 26, 2010 3. A10000000774
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:

Ellis Law Group
Name
4755 Technology Way, Suite 205
Address
Boca Raton, FL 33431
City, State and Zip

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

Timothy F. Nicholson
Name
15 Ocean Harbour Circle
Florida street address (P.O. Box not acceptable)
Ocean Ridge FL 33435
City, State and Zip

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

Timothy F. Nicholson
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.

Timothy F. Nicholson
Signature of Registered Agent

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