

A11000000593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

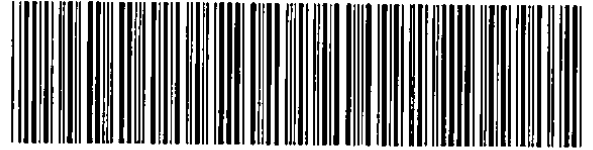
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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LP RAi^{RO} change

FILED
2024 APR 26 PM 12:15
CLERK OF COURT
JAIL HOUSE, FLORIDA

RECEIVED
2024 APR 26 AM 11:13
SECRETARY OF STATE
JAIL HOUSE, FLORIDA

A. RAMSEY

APR 29. 2024

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 434318 7567450

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : April 25, 2024

ORDER TIME : 9:40 AM

ORDER NO. : 434318-005

CUSTOMER NO: 7567450

CHANGE OF AGENT

NAME: LAK VENTURES, LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

FILED

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

2014 APR 26 PM 12:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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. LAK VENTURES, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/11/2011

Date of filing/registration in Florida

3. A11000000593

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:

Kazma, Gerald J

Name

980 n federal hwy 315

Address

Boca Raton, FL 33432

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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.

/S/ Kazma, Gerald J

Signature of General Partner

Kazma, Gerald J, Authorized Signer of LAK
FAMILY MANAGEMENT, LLC., 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 an accept the obligations of my position as registered agent.



Signature of Registered Agent

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