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## COVER LETTER

Division of Corporations						
SUBJECT: TABLE 26, LTD.  Name of Limited Partnership or Limited Liability Limited Partnership						
Name of Limited Partnersh	ilp or Lin	ilted Link	lity Limite	d Partnership		
	4.4.0.0000000					
The enclosed Statement of Change of Reg fee(s) are submitted for filing.	istered	Office a	nd/or Rog	gistered Agent and		
Please return all correspondence concerning	ng this r	natter to	):			
Jim Perkins						
Contact Person		-	<del></del>			
Corporate Creations Networ	k, Inc.					
Firm/Company			<del>10 ~ 0 €</del>			
11380 Prosperity Farms Road	#221E	:				
Address		<del></del> ,	_			
Palm Beach Gardens, Florida	33410					
City, State and Zip Code						
jlm.perkins@corpcreatio	ns.com	1				
E-mail address; (to be used for future annual	roport no	lification)	)	•		
For further information concerning this me	itter, ple	ase call	:			
Jim Perkins	at (	561	)	694-8107		
Name of Contact Person		rea Code	and Daytim	ie Telephone Number		
Enclosed is a \$35,00 check made payable t	o the Fl	orida D	epartmen	t of State.		
STREET ADDRESS:		MAI	LING AI	DRESS:		
Registration Section	Registration Section					
Division of Corporations				rporations		
Clifton Building	P. O. Box 6327					
2661 Executive Center Circle		Tallal	iassee, FL	2 32314		
Tallabassec, FL 32301						

## 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,	TABLE 2	6, LTD.				
Na	me of Limited Partnership or Limit	ed Linbillty L	imited Partner	ship		
2. 08/12/2011  Date of filing/registration in Florida		3,	A11000	A1100000602		
		_,	Plorida docui			
4. The name of the rep Department of State:	gistered agent and the registered of	Tico addross as	s shown on the	records of the Florida		
	PATRICIA L	EBOW, P	A.			
	Name					
	ONE N CLEMATIS ST STE 500					
•	Addros	s		,		
	WEST PALM BEACH, FL 33401					
•	City, State or	nd Zip				
5. The name and Flori	da street address of the new registe	ered agent and/	or office:	A.C.		
_	Corporate Creations	Network,	Inc.	-1		
	Namo			•-		
	11380 PROSPERITY FAI	RMS ROAI	D #221E			
•	Florida street address (P.O.	Box not accept	otable)			
	PALM BEACH GARDE	NS FL	33410	٠.		
-	City, State at		<del></del>	-		
6 Such change(s)  s/ar	e affective when filed by the Ploris	da Department	of State.			
sever)	1. ments					
Signature of General Pr	artner Generaci Por	theu				
comply with the provisi	ointment as registered agent and a ons of all statutes relative to the pr an accept the obligations of my pos	roper and com	plete performa	I further agree to ance of my dulies,		
Signature of Registered	Agent					
Filing Fee: Cortified Copy (op	\$35.00 oflonal): \$52,50					