

3/23/2020

Division of Corporations

H200000908973

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**REGISTERED AGENT CHANGE
GENERATIONS CAPITAL, LIMITED PARTNERSHIP**

Certificate of Status	0
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**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. Generations Capital, Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/29/2011 3. A11000000986
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:

Clasp Inc
Name
3001 Tamiami Trail North, 4th Floor
Address
Naples FL 34103
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/Jonathan DeLuca

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.

By: Amanda Robinson Amanda Robinson, Asst. Vice President
Signature of Registered Agent

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

FILED
2020 MAR 23 PM 10:47
TALLAHASSEE
CLERK OF THE COURT

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