

A11000000991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

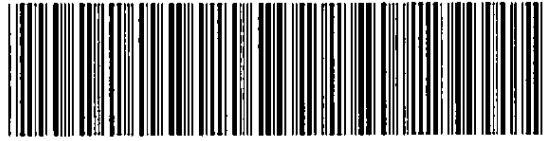
(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 28 2023**

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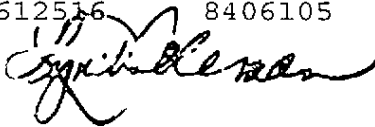
RECEIVED

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RECEIVED

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

ACCOUNT NO. : I20000000195
REFERENCE : 612516 8406105
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : March 27, 2023
ORDER TIME : 2:14 PM
ORDER NO. : 612516-008
CUSTOMER NO: 8406105

CHANGE OF AGENT

NAME: BEVERIDGE LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: _____

**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. BEVERIDGE LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/30/2011 Date of filing/registration in Florida

3. A11000000991 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:

Cesar Gomez, P.A.
Name

12001 sw 119 Street
Address

Miami, FL 33186
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

SECRETARY OF STATE
TALLAHASSEE, FL
2023 MAR 27 AM 9:02

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

[Signature] President - Amalgamated
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 an accept the obligations of my position as registered agent.

[Signature]
Signature of Registered Agent

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