

11000000991

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

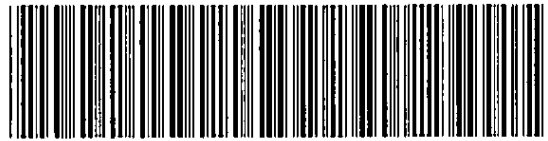
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MAR 28 2023

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2023 MAR 27 AM 9:01

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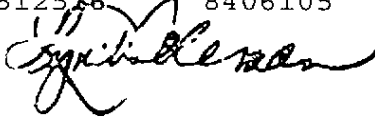


ALL ABASSET

2023 MAR 27 PM 3:39

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

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ORDER DATE : March 27, 2023

ORDER TIME : 2:14 PM

ORDER NO. : 612516-008

CUSTOMER NO: 8406105  
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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

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

  
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.*

  
Signature of Registered Agent

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

2023 MAR 27 AM 9:02  
SECRETARY OF  
TALLAHASSEE