

A12000000578

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(Requestor's Name)

\_\_\_\_\_  
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(Address)

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(City/State/Zip/Phone #)

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**DATE: 10/6/2021**

**NAME: HKCG REALTY ASSOCIATES LIMITED**

**TYPE OF FILING: CHANGE OF AGENT**

**COST: 35.00**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: FCA000000015**

**AUTHORIZATION: ABBIE/PAUL HODGE**

*attbodge*

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** HKCG Realty Associates Limited  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A12000000578

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Christopher Stabeno  
Contact Person  
H Katz Capital Group, Inc.  
Firm/Company  
928 Jaymor Rd, Ste A-100  
Address  
Southampton, PA 18966  
City, State and Zip Code  
cstabeno@katzgroup.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Stabeno at ( 215 ) 364-0400  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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. HKCG REALTY ASSOCIATES LIMITED

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/08/2021

Date of filing/registration in Florida

3. A12000000578

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:

CORPORATION SERVICE COMPANY

Name

1201 HAYS STREET

Address

TALLHASSEE, FL 32301

City, State and Zip

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

Paracorp Incorporated

Name

155 Office Plaza Drive, 1st Floor

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.

Harold Katz

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.*

Jose Gomez Jose Gomez, Assistant Secretary  
Signature of Registered Agent

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

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 OCT -6 AM 8:53

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