

A12000000739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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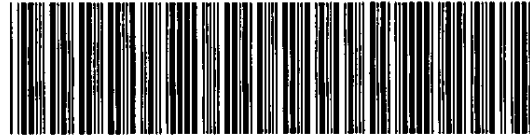
(Business Entity Name)

(Document Number)

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FILED
15 MAY 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 22 2015

T. HAMPTON

GP 1500000443

(For Office Use Only)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pranava Limited Partnership
Name of Partnership

DOCUMENT NUMBER: A12000000739

The enclosed Amendment to Partnership Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheri Kluck

Name of Person

Firm/Company

1609 SW 17th St

Address

Ocala, FL 34471

City/State and Zip Code

Cheri@lowenheart.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheri Kluck

Name of Person

at (352) 401-9888

Area Code & Daytime Telephone Number

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301
CR2E067 (10/07)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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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. PRANAVA LIMITED PARTNERSHIP, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 4/24/2013

Date of filing/registration in Florida

3. A12000000739

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:

C. RANDOLPH COLEMAN

Name

9250 BAYMEADOWS RD. STE 450

Address

JACKSONVILLE, FL 32256

City, State and Zip

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

C. RANDOLPH COLEMAN

Name

10161 CENTURION PKWY N. STE 310

Florida street address (P.O. Box not acceptable)

JACKSONVILLE FL 32256

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

FILED
15 MAY 15 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA