

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

A12000000897

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To:

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

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

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

Email Address: _____

**REGISTERED AGENT CHANGE
SLDB PARTNERS, LLLP**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

NOV 28 2022

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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. SLDB Partners, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/14/2012

Date of filing/registration in Florida

3. A12000000897

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:

Dworzanowski, Greg

Name

5422 Bay Center Dr. Suite 110

Address

TAMPA, FL 33609-3501

City, State and Zip

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

Registered Agents Inc

Name

7901 4th St N STE 300

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

St. Petersburg

FL 33702

City, State and Zip

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

[Signature]

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]

Signature of Registered Agent

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

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