8/10/2017

Division of Corputations

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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## REGISTERED AGENT CHANGE MARIANNA GARDENS PRESERVATION, L.P.

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August 8, 2017

FLORIDA DEPARTMENT OF STATE

MARIANNA GARDENS PRESERVATION, L.P. Division of Corporations 1002 W 23RD STREET STE 400 PANAMA CITY, FL 32405

SUBJECT: MARIANNA GARDENS PRESERVATION, L.P.

REF: A14000000026

We have received your document for MARIANNA GARDENS PRESERVATION, L.P. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FL LLC, but your entity is a FL LP. Please complete and return the enclosed blank form(s)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijeaux Regulatory Specialist FAX Aud. #: E17000207290 Letter Number: 017A00016069

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SELVENIASSEE, FLORIDA

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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

	ed office or registered agent, o			
lN	MARIANNA GARDE ame of Limited Partnership or L			
,	01/10/2014	3	A 14000000026	
·	ng'registration in Florida		Florida document num	ber
The name of the ropertment of State:	registered agent and the registere	d office address as	shown on the records o	of the Florida
	B&C CORPORATE SERVICE	CES OF CENTRA	L FLORIDA	
	N	ame		
	390 N. ORANGE A	VENUE, SUITE I	400	
	Ad	dress		
	ORLAND	O, FL 32801		
	City, Sta	te and Zip		
. The name and file	orida street address of the new re	gistered agent and/	or office:	<b>.</b> .
	C T Corpor	ation System		
	N	anie		
	1200 South Pi	ne Island Road		
	Florida street address (	P.O. Box not accep	ntable)	
	Plantation.	FI	33324	
	City, Sta	te and Zip		
Such changaist is	vare effective when filed by the f	Ilorida Denartmen	Lof Star	
. Such change (3713	The state of the s	<del></del>		
	)	_ Andrew Cav	aluzzi	
ignature of General	entrice			
hereby accept the a	appointment as registered agent crisions of all statutes relative to t	nd agree to act in	this capacity. I further	
	th an accept the obligations of m	y positio <u>u as regis</u>		ny dutien.
M Datine of	1.37	tine <b>Keim</b> <sub>I</sub> t Se <b>cretary</b>		
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