

A14 00000000 75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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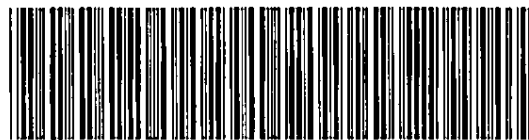
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

R. WHITE
JAN 16 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WINCHESTER LABORATORIES, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14000000075

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:

John D. Gutzke, Esq.
Contact Person

Rolewick & Gutzke, P.C.
Firm/Company

1776 S. Naperville Road, Suite 104A
Address

Wheaton, Illinois 60189
City, State and Zip Code

rg@rglawfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John D. Gutzke at (630) 653-1577
Name of Contact Person Area Code and Daytime Telephone Number

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

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. WINCHESTER LABORATORIES, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. February 4, 2014
Date of filing/registration in Florida

3. A14000000075
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 T Corporation System
Name

1200 South Pine Island Road
Address

Plantation, Florida 33444
City, State and Zip

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

COGENCY GLOBAL INC.
Name

115 North Calhoun Street, Suite 4
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]
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

KATHY A. BUTLER, ASST. SEC.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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TALLAHASSEE, FL