

A140000000190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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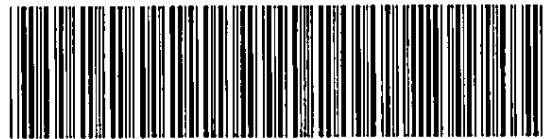
(Business Entity Name)

(Document Number)

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R. HUNT

04/05/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE COLONIAL FAMILY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14000000190

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:

Janna Wheeler

Contact Person

THE COLONIAL FAMILY LIMITED PARTNERSHIP

Firm/Company

1480 Skees Road

Address

West Palm Beach, FL 33411

City, State and Zip Code

Janna@sswaste.com

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

For further information concerning this matter, please call:

Janna Wheeler

at (561) 340-3101

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

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STATE

**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. THE COLONIAL FAMILY LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/03/2014

Date of filing/registration in Florida

3. A14000000190

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:

INCORP SERVICES, INC.

Name

3458 LAKESHORE DRIVE

Address

TALLAHASSEE, FL 32312

City, State and Zip

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

Janna Wheeler

Name

1480 Skees Road

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

West Palm Beach FL 33411

City, State and Zip

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

Annette Mickelson
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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