

A14000000500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

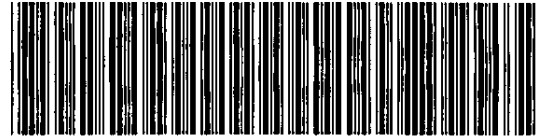
(Business Entity Name)

(Document Number)

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SEP 23 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kalin Real Estate Partnership LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A14000000500

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:

Gloria Parker

Contact Person

Kalin Real Estate Partnership LLLP

Firm/Company

73 S. Palm Ave., Suite 225

Address

Sarasota, FL 34236

City, State and Zip Code

gmp@kalinenterprises.com

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

For further information concerning this matter, please call:

Gloria Parker

Name of Contact Person

at ( 941 )

Area Code and Daytime Telephone Number

923-5638

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. Kalin Real Estate Partnership LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/18/2014 3. A14000000500  
Date of filing/registration in Florida 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:

Richard Gans Esquire  
Name

1515 Ringling Blvd  
Address

Sarasota, FL 34236  
City, State and Zip

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

Edward L. Kalin  
Name

73 S. Palm Ave, Suite 225  
Florida street address (P.O. Box not acceptable)

Sarasota FL 34236  
City, State and Zip

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

Edward L. Kalin  
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.*

Edward L. Kalin  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA