

A140000000610

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☒ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200305784862

11/21/17--01018--024 **105.00

FILED
2017 NOV 22 PM 5:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
NOV 27 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JOHNSON FAMILY INVESTMENT LIMITED PARTNERSH
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14000000610

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:

Char Jackson

Contact Person

Wolz Corporate USA

Firm/Company

36 S 18th Ave, Suite D

Address

Brighton, CO 80601

City, State and Zip Code

compliance@geuldratner.com

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

For further information concerning this matter, please call:

Char Jackson

Name of Contact Person

at (303)

655.9659

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. JOHNSON FAMILY INVESTMENT LIMITED PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/01/1999

Date of filing/registration in Florida

3. A14000000610

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:

NRAI SERVICES, INC

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

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

Universal Registered Agents, Inc.

Name

3458 Lakeshore Drive

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

Tallahassee, FL 32312

City, State and Zip

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

Pamela Johnson

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 an accept the obligations of my position as registered agent.

Signature of Registered Agent

Michael Mirrione, ASST. V.P.

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

FILED
2017 NOV 22 PM 5:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA