

A14000000759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

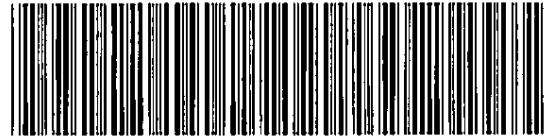
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

O SIMMONS
MAY 06 2021

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 794060 8279964
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : May 4, 2021
ORDER TIME : 11:13 AM
ORDER NO. : 794060-040
CUSTOMER NO: 8279964

CHANGE OF AGENT

NAME: OSCEOLA CAPITAL HOLDINGS II,
LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSCEOLA CAPITAL HOLDINGS II, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A14000000759

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:

Jacob Smith

Contact Person

Osceola Capital Management, LLC

Firm/Company

1715 N. Westshore Blvd, Suite 200

Address

Tampa, FL 33607

City, State and Zip Code

jsmith@osceola.com

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

For further information concerning this matter, please call:

Jacob Smith

at (813) 492-5631

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

**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. OSCEOLA CAPITAL HOLDINGS II, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. December 30, 2014 3. A14000000759
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:

Michael Babb
Name
1715 N. Westshore Blvd, Suite 200
Address
Tampa, FL 33607
City, State and Zip

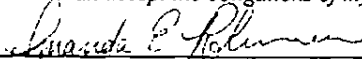
5. The name and Florida street address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
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 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 of Registered Agent

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

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