

A15000000076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

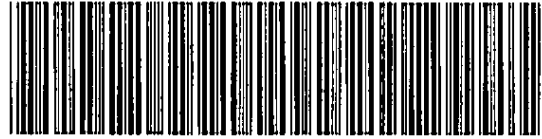
(Business Entity Name)

(Document Number)

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2021 DEC 13 PM 2:43
SECRETARY OF STATE
1411 ARKISS ST, 60610

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stafford Place Associates Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A15000000076

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:

Myoung Yoo

Contact Person

SJM Partners, Inc

Firm/Company

11890 Sunrise Valley Drive, Suite 554

Address

Reston, VA 20191

City, State and Zip Code

accounting@sjmpartners.com

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

For further information concerning this matter, please call:

Tamara DePaolis

Name of Contact Person

at (703) 467-8211

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. Stafford Place Associates Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 1/27/2015 3. A15000000076
Date of filing/registration in Florida Florida document number

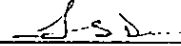
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Cogency Global Inc
Name
115 North Calhoun Street, Suite 4
Address
Tallahassee, FL 32301
City, State and Zip

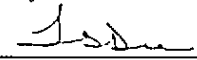
5. The name and Florida street address of the new registered agent and/or office:

Tamara DePaolis
Name
104 SE 4th Avenue
Florida street address (P.O. Box not acceptable)
Delray Beach FL 33483
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
By: Stafford Place Corporation, its GP


Signature of General Partner Tamara DePaolis, Secretary

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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