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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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REGISTRATION DIVISION  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

LP  
RA  
CF

MAY 05 2022

D CONNELL

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

ACCOUNT NO. : I20000000195  
REFERENCE : 601781 7247429  
AUTHORIZATION : *Eyliena Baker*  
COST LIMIT : \$ 35.00

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ORDER DATE : April 7, 2022  
ORDER TIME : 5:30 PM  
ORDER NO. : 601781-002  
CUSTOMER NO: 7247429  
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CHANGE OF AGENT

NAME: BROWNSVILLE MANOR, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**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. BROWNSVILLE MANOR, LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 9/30/15 3. A15000000616  
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:

C T CORPORATION SYSTEM  
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:

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.

Renee Sandell  
Signature of General Partner

Renee Sandell, Vice President on behalf of  
Brownsville Manor Services Corporation, 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.*

Grace E. Kirby  
Signature of Registered Agent

Grace E. Kirby, Asst. Vice President

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA