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(Requ	uestor's Name)	
(Addr	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



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2018 JUH - 4 AM 80 O

J. HARRIS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 30, 2018

Order#: 234589/020

Re: SECOYA HOLDINGS, LP

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

___ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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.	SECOYA H	OLDING	S, LF)		
Na	me of Limited Partnership or L	imited Liabili	ty Limi	ited Partners	hip	
2. 1	0/01/2015	3.		A15000	000622	
Date of filing	Date of filing/registration in Florida Florida doc		lorida docum	ument number		
4. The name of the re Department of State:	egistered agent and the registere	d office addre	ess as sl	nown on the	records of the Fl	orida
	Eloy	Paez				
	N:	ame				
	18459 Pines	Boulevard,	476			
	Ad	dress				
	Pembroke Pines, FL	33029				
	City, Sta	ite and Zip				
5. The name and Flor	rida street address of the new re	gistered agent	and/or	office:	-:	•
	Corporation Se	ervice Com	ıpany			010
	N	ame			<u>></u> -124	ي
	1201 Ha	ys Street				ज्ञ∓: 1
	Florida street address (P.O. Box not	accepta	ible)	22. 2.2. 2.2. (***)	12-
	Tallahassee		FL	32301		<u> </u>
	City, Sta	ite and Zip			70 L	€5
6. Such change(s) is/	are effective when filed by the I	Florida Depar -	tment o	f State.	\$	<u></u>
Signature of General I	Jill Gillin, Mathorizea					
comply with the provi- and I am familiar with Corporati By: Signature of Registere	_	the proper and	l compi	lete perform	I further agree t ance of my duties	o s.
Ami M. Casper, Asst.	. Vice President					
Filing Fee:	\$35.00					
Certified Copy (o	optional): \$52.50					