

To:

Page: 3 of 4

2022-09-13 13:53:25 CST

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From: Lexus Wingo

9/13/22, 3:48 PM

Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

A1600000389

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

REGISTERED AGENT CHANGE

CAPITAL CIRCLE GROUP LIMITED PARTNERSHIP

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$87.50

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TALLAHASSEE, FLORIDA

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SEP 13 2022

**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. CAPITAL CIRCLE GROUP LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/12/2016 3. A16000000389
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:

RANDOM R BURNETT
Name
1124 WAVERLY DRIVE
Address
DAYTONA BEACH, FL 32118-3621
City, State and Zip

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

C T Corporation System
Name
1200 South Pine Island Road
Florida street address (P.O. Box not acceptable)
Plantation FL 33324
City, State and Zip

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

Joe Davis
Signature of General Partner

JOE DAVIS, MANAGER

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.

Michele Holden
Signature of Registered Agent

MICHELE HOLDEN, MANAGER

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

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