

A 16000000417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

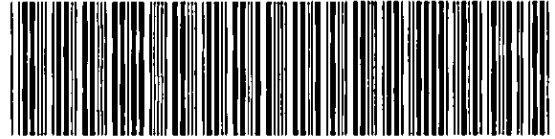
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700307060907

FILED
18 JAN -4 PM 2:49
TALLAHASSEE, FLORIDA

RECEIVED
2018 JAN -4 PM 4:22
TALLAHASSEE, FLORIDA

JAN 05 2016

Y SULKER

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

ACCOUNT NO. : I20000000195

REFERENCE : 995421 4352702

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE : January 4, 2018

ORDER TIME : 2:22 PM

ORDER NO. : 995421-015

CUSTOMER NO: 4352702

CHANGE OF AGENT

NAME: MILES PARTNERSHIP, LLLP

FILED
18 JAN -4 PM 2:49
TALLAHASSEE, FLORIDA

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- 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. MILES PARTNERSHIP, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership
2. AUGUST 12, 2016 3. A16000000417
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:

CROSS STREET CORPORATE SERVICES, LLC
Name
200 SOUTH ORANGE AVENUE
Address
SARASOTA FL 34236
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

FILED
18 JAN -4 PM 2:49
TALLAHASSEE, FLORIDA

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

By: [Signature] as Manager of General Partner
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.

By: Emily Croft
Signature of Registered Agent

Emily Croft
Asst. Vice President

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