

A1600000554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK UP

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WAIT

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MAIL

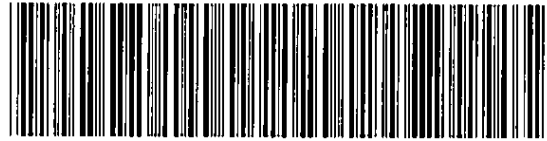
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

U.S. SHAWNEE

MAY 10 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 6, 2021

CSC

RESUBMIT

Please give original
submission date as file date.

SUBJECT: OCH II / CO-A, LLLP
Ref. Number: A16000000554

We have received your document for OCH II / CO-A, LLLP and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

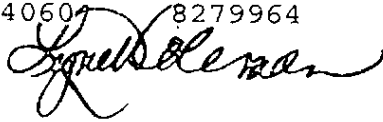
Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 221A00009468

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

ACCOUNT NO. : I20000000195

REFERENCE : 794060 8279964

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : May 4, 2021

ORDER TIME : 11:12 AM

ORDER NO. : 794060-035

CUSTOMER NO: 8279964

CHANGE OF AGENT

NAME: OCH II / CO-A, LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCH II / CO-A, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A16000000554

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:

Jacob Smith

Contact Person

Osceola Capital Management, LLC

Firm/Company

1715 N. Westshore Blvd, Suite 200

Address

Tampa, FL 33607

City, State and Zip Code

jsmith@osceola.com

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

For further information concerning this matter, please call:

Jacob Smith

at (813) 492-5631

Name of Contact Person

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. OCH II / CO-A, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

2. October 13, 2016

Date of filing/registration in Florida

3. A16000000554

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:

Michael A Babb

Name

1715 N Westshore Blvd

Address

Tampa, FL 33607

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

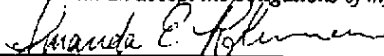
City, State and Zip

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



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.



Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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OCT 13 2016 11:27