

AIL000000625

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

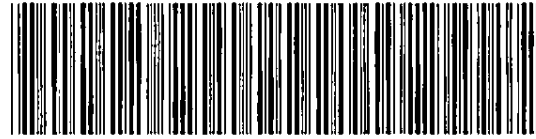
(Business Entity Name)

(Document Number)

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**COGENCYGLOBAL**

115 N CALHOUN ST., STE. 4  
TALLAHASSEE, FL 32301  
866.625.0838  
COGENCYGLOBAL.COM

Date: **November 10, 2021**

Account#: 1200000000088

Name: **David Shulman**

Reference #: **1499223**

Entity Name: **MAINSTREET SOUTHSIDE CENTER, LTD.**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other \_\_\_\_\_

**ISSUES? CALL**

**David:**

**850-270-0082**

Authorized Amount: **\$35.00**

Signature: *David Shulman*



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**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. MAINSTREET SOUTHSIDE CENTER, LTD.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/9/2016 3. A16000000625  
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:

MAINSTREET SOUTHSIDE CENTER, INC.  
Name  
2101 WEST COMMERCIAL BLVD., STE 1200  
Address  
Fort Lauderdale FL 33309  
City, State and Zip

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

COGENCY GLOBAL INC.  
Name  
115 North Calhoun Street, Suite 4  
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.

/s/ Paul J Kilgallon  
Signature of General Partner Paul J Kilgallon, President, for MAINSTREET SOUTH CENTER, INC., GP

*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.*

/s/ Michael Carlisle  
Signature of Registered Agent Michael Carlisle, Assistant Secretary

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

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