

A16 000 000 646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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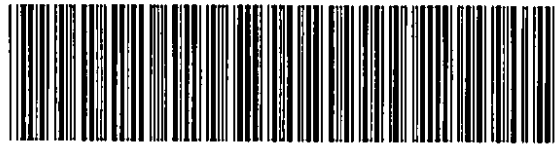
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HARTWELL VENTURES, LP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A16000000646

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:

GERALDINE M MURPHY

Contact Person

HARTWELL VENTURES LP

Firm/Company

2744 SOUTHLAND STREET

Address

SAINT CLOUD, FL 34772

City, State and Zip Code

ROB.COCHRANRV@GMAIL.COM

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

For further information concerning this matter, please call:

ROBERT COCHRAN

at (407) 908-9283

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

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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. HARTWELL VENTURES, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/18/2016

Date of filing/registration in Florida

3. A16000000646

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:

YELLAND, RONALD J

Name

9161 NARCOOSSEE RD, SUITE 202

Address

ORLANDO, FL 32827

City, State and Zip

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

GERALDINE M MURPHY

Name

2744 SOUTHLAND ST

Florida street address (P.O. Box not acceptable)

SAINT CLOUD FL 34772

City, State and Zip

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

Geraldine M. Murphy
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.

Geraldine M. Murphy
Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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