

A17 00000005

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

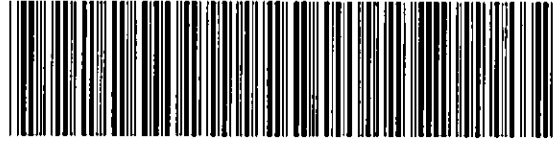
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S & R FL HOLDINGS, L.L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

A17000000005

DOCUMENT NUMBER:

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:

RAMIN EIVAZ

Contact Person

S & R FL HOLDINGS, L.L.P.

Firm/Company

236 DAYRIDGE DR

Address

DRIPPING SPRINGS, TX 78620

City, State and Zip Code

shamiran@eivaz.com

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

For further information concerning this matter, please call:

Ramin Eivaz

704

502-4321

at ()

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.

S & R FL HOLDINGS, LLLP

1. _____
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/03/2017 3. A17000000005
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:

Eivaz, Ramin c/o Natalie C. Annis, Esq.

Name

100 North Tampa Street, Ste. 2700

Address

Tampa, FL 33602

City, State and Zip

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

DALE G. WESTLING

Name

437 E. MONROE STREET, Ste. 300

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

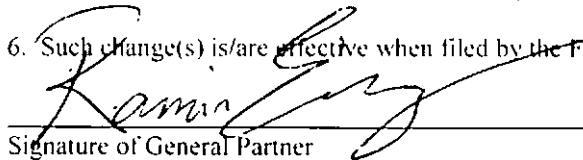
Jacksonville

32202

FL

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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FLORIDA DEPARTMENT OF STATE