

A170000000105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

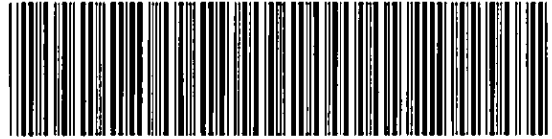
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200390190292

LP RA change

2022 JUL 28 AM 9:12

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2022 JUL 28 PM 4:12

RECEIVED

ALLIANCE

A. RAMSEY
JUL 29 2022



COGENCYGLOBAL

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

Date: **July 28, 2022**

Account#: I20000000088

Name: **KEN**

Reference #: **1747217**

Entity Name: **EMERALD PALMS BRIDGE LP**

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

ISSUES? CALL

KEN:

518-213-0738

Authorized Amount: **\$35.00**

Signature: _____

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2022 JUL 28 AM 9:12

**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. Emerald Palms Bridge LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. March 06, 2017 3. A17000000105
Date of filing/registration in Florida Florida document number

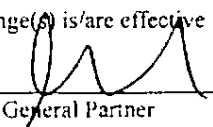
4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Stephen J Garchik
Name
101 SE 4th Ave
Address
Delray Beach FL 33483
City, State and Zip

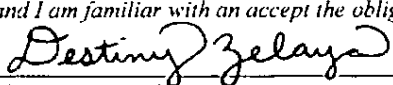
5. The name and Florida street address of the new registered agent and/or office:

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.


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