

A17000000364

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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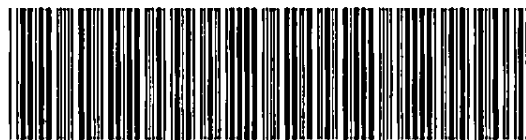
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 09000

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Old Okeechobee LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A17000000364

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:

Old Okeechobee LLC

Contact Person

Firm/Company

P.O. Box 1403

Address

West Palm Beach, FL 33402

City, State and Zip Code

Denise@campsoproperties.com

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

For further information concerning this matter, please call:

Jane C. Rankin, Esq.

at (954) 713-2324

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. Old Okeechobee LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/08/2017

Date of filing/registration in Florida

3. A17000000364

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:

Kubicki Draper

Name

One E. Broward Blvd., Ste. 1600

Address

Fort Lauderdale, FL 33301

City, State and Zip

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

Name

110 East Broward Blvd., Suite 1400

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

Fort Lauderdale FL 33301

City, State and Zip

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

[Signature]
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]
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA

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