12/5/24, 9:33 Division of Corporations

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H24000402039 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FIRST COAST CORPORATE SERVICES

Account Number : I20240000035

Phone

: (904)490-0391

Fax Number

: (705)310-8269

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addres	5:			



REGISTERED AGENT CHANGE TURNSTONE NEW PORT RICHEY, LP

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K. SALY

DEC 1 2 2024



December 9, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

TURNSTONE NEW PORT RICHEY, LP 10 S. LASALLE STREET, SUITE 3510 CHICAGO, IL 60603US

SUBJECT: TURNSTONE NEW PORT RICHEY, LP

REF: A1700000523

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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Rebekah Lefeavers Regulatory Specialist III FAX Aud. #: H24000402039 Letter Number: 024A00026566

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT:TURNSTONE NEW PORT RICHEY, L	
	Name of Limited Partnership or Limited Liability	Limited Partnership
DOCU	JMENT NUMBER: A1700000523	
	closed Statement of Change of Registered Office and are submitted for filing.	or Registered Agent and
Please	return all correspondence concerning this matter to:	
Kathy	Butler	
	Contact Person	
UNIV	ERSAL REGISTERED AGENTS, INC.	
	Firm/Company	
12900	METCALF, SUITE 140	
	Address	
OVER	LAND PARK, KS 66221	
	City, State and Zip Code	
info@	uragents.com	
E-	mail address. (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
Kathy	Butlerat (855-236-9	172
··· -	Name of Contact Person Area Code and	l Daytime Telephone Number
Enclos	ed is a \$35.00 check made payable to the Florida Dep	artment 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

Certified Copy (optional): \$52.50

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.

	Name of Limited Partnership or Lim	ited Liability Limited Partnership	
11/03/201			
Date of filing/registration in Florida		3. A1700000523 Florida document number	
. The name of the Department of Sta	ne registered agent and the registered cate.	office address as shown on the records	of the Florida
	Hartman, Michael		
	Nam	c	
	8914 Puerto Del Rio Driv	re, #303	
	Addre	SS	Form
	Cape Canaveral FL 3292	20	21, °C
	City, State		505
. The name and	Florida street address of the new regis		TALLAMASSEE FLURION
	UNIVERSAL REGISTER		
	Nam	e	
	1317 California Street		
	Florida street address (P.C	D. Box not acceptable)	
	Tallahassee	FL 32304	
	City, State		
Such change(s) is/are effective when filed by the Flo	rida Department of State.	
- 1			OT DICHEV CD 1
ignature of Gene		GP TURNSTONE NEW POR	T NICHET OF, E
ignature of Gene	ar Faither		
omply with the p	e appointment as registered agent and rovisions of all statutes relative to the with an accept the obligations of my p	proper and complete performance of	
na i am jamiilar	1		
· .	y Butler		