

A18000000201

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

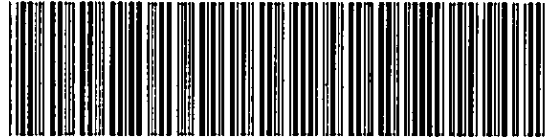
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SEP  
TALLAHASSEE, FL

SEP 30 2019

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PAVILION PARTNERS LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A18000000201

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:

DAVID F. SIMON

Contact Person

THE SIMON-CRAIR GROUP CPA'S

Firm/Company

8925 SW 148 ST SUITE 218

Address

MIAMI, FL 33176

City, State and Zip Code

MINNIE@SIMONCPA.NET

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

For further information concerning this matter, please call:

DAVID SIMON

Name of Contact Person

at ( 305 ) 234-2797

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

*7  
Please mail here  
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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. PAVILION PARTNERS LP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/08/2019 3. A18000000201  
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:

CT CORPORATION SYSTEM  
Name  
1200 SOUTH PINE ISLAND ROAD  
Address  
PLANTATION, FL 33324  
City, State and Zip

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

THE SIMON-CRAIR GROUP CERTIFIED PUBLIC ACCOUNTANTS, PA  
Name  
8925 SW 148 STREET SUITE 218  
Florida street address (P.O. Box not acceptable)  
MIAMI FL 33176  
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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