

A1900000000

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④ 训练题

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARK LAKE COMMONS, LLLP

Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A19000000001

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:

Sheraya Carr

Contact Person

Cypress Row Advisors, PL

Firm/Company

1206 East Ridgewood Street

Address

Orlando, FL 32803

City, State and Zip Code

schrimsher33@gmail.com

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

For further information concerning this matter, please call:

Sheraya Carr

at (407) 480-5005

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. PARK LAKE COMMONS, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/20/2018 3. A19000000001
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:

DELOACH, PL
Name

1206 EAST RIDGEWOOD STREET
Address

ORLANDO, FL 32803
City, State and Zip

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

J. STEVEN SCHRIMSHER
Name

600 E Colonial Drive, Suite 100
Florida street address (P.O. Box not acceptable)

Orlando FL 32803
City, State and Zip

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

J. STEVEN SCHRIMSHER
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.

J. STEVEN SCHRIMSHER
Signature of Registered Agent

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

FILED
2025 APR 17 AM 7:34
SECRETARY OF STATE
TALLAHASSEE, FL