

A19 000000073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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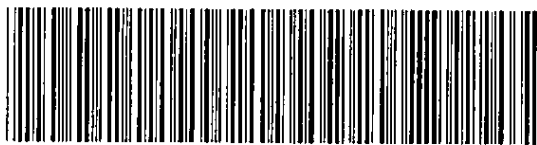
(Business Entity Name)

(Document Number)

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U.S. DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
WASHINGTON, D.C. 20548-0001

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 471241 7596800

AUTHORIZATION

COST LIMIT : \$ 35.00

ORDER DATE : May 16, 2024

ORDER TIME : 2:19 PM

ORDER NO. : 471241-247

CUSTOMER NO: 7596800

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CHANGE OF AGENT

NAME: TERRA 2850 MARY VENTURE
PARTNERSHIP HOLDINGS, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller -- EXT#

EXAMINER: _____

**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. TERRA 2850 MARY VENTURE PARTNERSHIP HOLDINGS, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 02/15/2019 3. A19000000073
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:

NRAI SERVICES, INC.
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:

Corporation Service Company
Name
1201 Hays Street
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.

Jill Cilmi JILL CILMI, AUTHORIZED PERSON ON BEHALF OF TERRA 2850
Signature of General Partner MARY HOLDINGS GP, LLC, 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.

Grace E. Kirby GRACE E. KIRBY, ASST. VICE PRESIDENT
Signature of Registered Agent

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

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