

A19000000195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

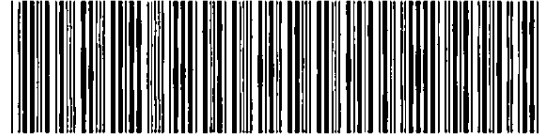
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
866.625.0838
COGENCYGLOBAL.COM

Date: November 10, 2021

Account#: 120000000088

Name: David Shulman

Reference #: 1499223

Entity Name: MAINSTREET CAMELBACK LAKES LTD.

Articles of Incorporation/Authorization to Transact Business

Amendment

Change of Agent

Reinstatement

Conversion

Merger

Dissolution/Withdrawal

Fictitious Name

Other _____

**ISSUES? CALL
David:
850-270-0082**

Authorized Amount: **\$35.00**

Signature: David Shulman



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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. MAINSTREET CAMELBACK LAKES LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 5/14/2019 3. A19000000195
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:

MAINSTREET CAMELBACK LAKES INC.
Name
2101 WEST COMMERCIAL BLVD., STE 1200
Address
Fort Lauderdale FL 33309
City, State and Zip

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

COGENCY GLOBAL INC.
Name
115 North Calhoun Street, Suite 4
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.

/s/ Paul J Kilgallon
Signature of General Partner Paul J Kilgallon, President, for MAINSTREET CAMELBACK LAKES INC., GP

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.

/s/ Michael Carlisle
Signature of Registered Agent Michael Carlisle, Assistant Secretary

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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