

A19000000206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800388337888

FILED
RECEIVED
2022 MAY 24 PM 3:38
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 700762 8374597

AUTHORIZATION :

COST LIMIT :


\$ 35.00

ORDER DATE : May 23, 2022

ORDER TIME : 2:08 PM

ORDER NO. : 700762-062

CUSTOMER NO: 8374597

CHANGE OF AGENT

NAME: MASTER SOUTHERN GARDENS FL AL
MANAGEMENT, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- 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. MASTER SOUTHERN GARDENS FL AL MANAGEMENT, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 05/16/2019 3. A19000000206
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:

VCORP SERVICES, LLC
Name
1200 S 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 E. Cilmi JILL CILMI, VICE PRESIDENT ON BEHALF OF
Signature of General Partner CCC 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

FILED
MAY 24 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FL