

A19000000249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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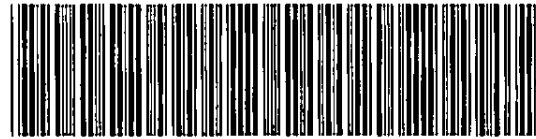
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 525 Clematis LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A1900000249

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:

525 Clematis LLC

Contact Person

Firm/Company

P.O. Box 1403

Address

West Palm Beach, FL 33402

City, State and Zip Code

Denise@campsoproperties.com

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

For further information concerning this matter, please call:

Jane C. Rankin, Esq. at ( 954 ) 713-2324

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

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.

Name of Limited Partnership or Limited Liability Limited Partnership

Date of filing/registration in Florida

Florida document number

Name

Address

City, State and Zip

Name \_\_\_\_\_

Florida street address (P.O. Box not acceptable)

City, State and Zip

Signature of General Partner

Signature of Registered Agent

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

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141 HALLSSEE, FLOPP

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