## 17/9000000154

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	<del></del>
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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14. HONT 03/22/21

## COVER LETTER

	egistration Section Division of Corporati	ons					
SUBJEC	Sussex Road	Partners, LLLP					
		imited Partnership or Lin	nited Liability I	imited Partne	rship		
DOCUM	MENT NUMBER:_	A19000000457					
	osed Statement of C submitted for filing	hange of Registered (2.	Office and/o	r Registerec	l Agent	and	
Please re	turn all corresponde	nce concerning this i	natter to:				
Kylie	Conrad & Kayla Kir	าธิ			•		
-	Contac	et Person					
Corpl	I, Inc.						
	Firm/C	ompany					
7700	E Arapahoe Rd Ste	220			-		
	Λι	ldress	·		∵		
Cente	ennial, CO 80112				<u>1::-</u> 5:	(2) (2)	
-	City, State	and Zip Code			SEE,	AM 9: 55	
E-ma	nil address: (to be used f	or future annual report no	tification)		FAT FAT	ς.i	
For furth	er information conc	erning this matter, pl	ease call:		L.I	·OI	
Kylie (	Conrad	at (	720)_	823-9273			
	Name of Contact Person		rea Code and	Daytime Telep	ohone Nu	mber	
Enclosed	l is a \$35.00 check r	nade payable to the F	Torida Depai	rtment of St	ate.		
Mailing	Address:		Street Ad	ldress:			
Registrat	tion Section		-	ion Section			
	of Corporations			of Corporat			
P.O. Box				re of Tallah		. 010	
Tallahas	see, FL 32314			Monroe Stre ee. FL 3230		: 810	

## 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. Sussex Road	Partners, LLLP						
N.	ame of Limited Partnership or Li	imited Liabilit	y Li	mited Partners	ship	•	
2 10/11/2019		3.	A	9000000457			
Date of tilin	g/registration in Florida	rida Florida docur			nent number		_
4. The name of the r Department of State:	registered agent and the registered	d office addre	ss as	shown on the	records of th	ne Flor	ida
	CORPORATION SERVIC	E COMPAN	Y				
	Na	ame					
	1201 HAYS STREET						
	Ado	dress					
	TALLAHASSEE, FL 3230	01-2525					
	City, Sta	te and Zip					
5. The name and Flo	orida street address of the new re	gistered agent	and	or office:	•		
	Registered Agents Inc				: تاریخ	A. 19 22	
	Na Na	ame				22	
	7901 4th St N Ste 300				SE FE	A	Ę i
	Florida street address (	P.O. Box not a	acce	ptable)	Lu S	ڣ	
	St. Petersburg		FL	33702	T	55	
	City, Sta	ate and Zip			•		
6. Such change(s) is	s/are effective when filed by the l	Florida Depart	tmen	nt of State.			
/s/ MURRAY GOL	DBERG						
Signature of General	l Partner	<del>_</del>					
comply with the prov	uppointment as registered agent of visions of all statutes relative to to the only accept the obligations of m	the proper and	l con	nplete perform	I further againnee of my a	gree to luties,	
/s/ David Roberts							
Signature of Registe	red Agent	_					
Filing Fee:	\$35.00						

Certified Copy (optional): \$52.50