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To:

Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE GREEN COVE SPRINGS, A LIMITED PARTNERSHIP

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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.

\$

Filing Fee:

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I. Green Cov	e Springs, A Limited P	artnersnip			
	Name of Limited Partnership or Lin	nited Liability Limited Partner	ship		
2. 02/07/198	5	_{3.} A19073			
	ng/registration in Florida	Florida document number		•	
4. The name of the Department of State	registered agent and the registered	office address as shown on the	records of th	e Florida	
	National Registered	Agents, Inc.			
	Nar	ne	•		
	28 Liberty St.				
	Addi	ress	•		
	New York, FL 10005				
	City, State	and Zip	•		
5. The name and Fl	orida street address of the new regi	istered agent and/or office:			
	Northwest Registere	d Agent LLC			
	Nar	ne	•		
	7901 4th St N STE 300		€		
	Florida street address (P.	O. Box not acceptable)		2023	
	St. Petersburg	_{FL} 33702	٠.	2023 EEB	
	City, State	······································		ı	
1 1 2	s/are effective when filed by the Fl	orida Department of State.	_	7 44	
Andrew Har	74V/4V		റ.	<u>છ</u>	
Signature of Genera	l Partner		÷. <u>÷</u>	 ယ	
comply with the pro	appointment as registered agent ar visions of all statutes relative to the ith an accept the obligations of my cred Agent	e proper and complete perform			

\$35.00