A20 000 000 197

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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2021 JUN 21 PM 1: 28 SECRETARY OF STATE TALLAHASSEE, PATE

COVER LETTER

TO:	Registration Section Division of Corporations						
SHRI	IECT: TFH PARTNERS LIMITED PA	ARTNERSHIP					
3010	Name of Limited Partnership or Limited Liability Limited Partnership						
DOC	UMENT NUMBER: A2000000019)7 					
	nclosed Statement of Change of R are submitted for filing.	Registered Office and/or Registered Agent and					
Please	e return all correspondence concer	rning this matter to:					
GEOR	GE HANLEY						
	Contact Person						
	Firm/Company						
5120 L	AKEVIEW DRIVE						
	Address						
МІАМ	II BEACH, FL 33140						
	City, State and Zip Code	e					
dpence	e@r2.me						
E	-mail address: (to be used for future ann	nual report notification)					
For fu	urther information concerning this	s matter, please call:					
GEOR	GE HANLEY	at (312)399-5099					
	Name of Contact Person	Area Code and Daytime Telephone Number					
Enclo	sed is a \$35.00 check made payab	ble to the Florida Department of State.					
Maili	ng Address:	Street Address:					
_	gistration Section Registration Section						
	ion of Corporations	Division of Corporations					
	Box 6327	The Centre of Tallahassee					
Tallah	nassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
		runanaonee, i E Jasou					

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.

LTFH PAR	TNERS LIMITED	PARTNERSHIP	•
Na	me of Limited Partnership or Lin	ited Liability Limited Partners	hip
2.5/31/2020		_{3.} A2000000197	
Date of filing/registration in Florida		Florida document number	
4. The name of the re Department of State:	egistered agent and the registered	office address as shown on the	records of the Florida
	GEORGE HANL	EY	
	Nan	10	
	900 BAY DRIVE	UNIT 904	
	Addr	ess	s 2
	MIAMI BEACH,	FL 33141	021 - ECF TAL
	City, State	and Zip	
 The name and Flo 	rida street address of the new regi	stered agent and/or office:	FILLAHAS
	GEORGE HANL	EY	SSE P IT
	Nan		
	5120 LAKEVIEW	V DRIVE	I: 28
	Florida street address (P.		
	MIAMI BEACH	_{FI} 33140	
/	A City, State		
6. Such change(4) is/	are giverive when filed by the Fl	orida Department of State.	
X	Ay le liv	•	
Signature of General		101	
comply with the prov and I am familiar wh	oppointment as registered agent an interest of all spatiates relative to the han accept the obligations of my	proper and complete perform	
Signature of Registe	ch waent		

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50