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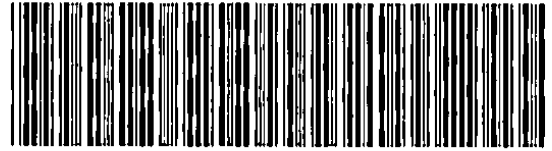
(Business Entity Name)

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DATE: 10/26/21

NAME: HOMESTEAD PORTFOLIO LP

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

At Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Homestead Portfolio LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A21000000485

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:

Kristi Dickson
Contact Person

Nelson Mullins Riley & Scarborough LLP
Firm/Company

390 N. Orange Ave., Suite 1400
Address

Orlando, Florida 32801
City, State and Zip Code

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

For further information concerning this matter, please call:

Kristi Dickson at (407) 481-5263
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

**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. Homestead Portfolio LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. September 3, 2021 3. A210000000485
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:

BCRA, LLC
Name
Lynn Financial Center NW, 1905 Corporate Blvd, Suite 310
Address
Boca Raton, Florida 33431
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

Cogency Global, Inc.
Name
115 North Calhoun Street, Suite 4
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32304-3230
City, State and Zip

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6. Such change(s) is/are effective when filed by the Florida Department of State.


Signature of 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.


Signature of Registered Agent

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