

A2100000535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

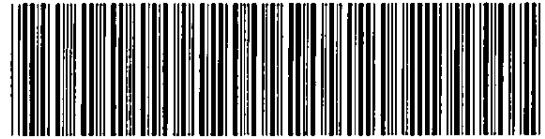
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SECRETARY OF STATE  
CORPORATE SERVICES DIVISION

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** GREEN CASTLE F LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A21000000535

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:

Damir Babanazarov

Contact Person

Green Castle F LP

Firm/Company

23 W Church St, Unit 274

Address

Selbyville, DE 19975

City, State and Zip Code

hterhune@capitalmanagementservicesgroup.com

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

For further information concerning this matter, please call:

Hannah Terhune

at (917) 575-5766

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**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. GREEN CASTLE F LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 10/01/2021 3. A21000000535  
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:

Eid, Tim  
Name

4421 W Leila Avenue  
Address

Tampa, FL 33616  
City, State and Zip

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

Registered Agents Inc  
Name

7901 4th St N, Suite 300  
Florida street address (P.O. Box not acceptable)

St. Petersburg FL 33702  
City, State and Zip

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

*David Roberts*  
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.*

*David Roberts*  
Signature of Registered Agent

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

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