

AZ1821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

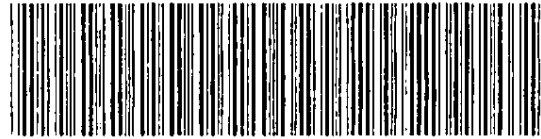
(Document Number)

Copies _____

Certificates of Status _____

Instructions to Filing Officer.

Office Use Only



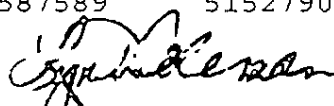
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CORPORATIONS
FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 587589 5152790
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : March 15, 2023
ORDER TIME : 8:55 AM
ORDER NO. : 587589-008
CUSTOMER NO: 5152790

CHANGE OF AGENT

NAME: FREEMAN FLORIDA VENTURE, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

**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. FREEMAN FLORIDA VENTURE, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership
2. 01/06/1986 3. A21821
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:

NRAI
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box not acceptable)
Tallahassee FL 32301
City, State and Zip

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

Julie E. Cimini JULIE CIMINI, VICE PRESIDENT OF
Signature of General Partner FREEMAN WEBB INVESTMENTS, INC.,
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.

Grace E. Kirby GRACE E KIRBY, ASST. VICE PRESIDENT
Signature of Registered Agent

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

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