A22000000312

| (Requestor's Name) | | | |
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| PICK-UP WAIT MAIL | | | |
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| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
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| Certified Copies Certificates of Status | | | |
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| Special Instructions to Filing Officer: | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: RL14 NC LIM Name of Limited Partnership o | ITED PARTNERSHIP T Limited Liability Limited Partnership |
| DOCUMENT NUMBER: | |
| The enclosed Statement of Change of Registe fee(s) are submitted for filing. | red Office and/or Registered Agent and |
| Please return all correspondence concerning the | nis matter to: |
| R. Anthony Fisher | |
| Contact Person | |
| Hold-Thyssen, Inc. | |
| Firm/Company | |
| 301 S New York Ave, Suite 20 | 0 |
| Address | |
| Winter Park, FL 32789 | |
| City, State and Zip Code | |
| afisher@holdthyssen.co | m |
| E-mail address: (to be used for future annual repo | rt notification) |
| For further information concerning this matter | r, please call: |
| R. Anthony Fisher a | t (407) 691-0505 |
| Name of Contact Person | Area Code and Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the | ne Florida Department of State. |
| STREET ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P. O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, FL 32314 |
| Tallahassee, FL 32301 | |

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.

| l | RL14 NC LIMITE | <u>D PARTN</u> | <u>IERSHIP</u> |
|---|--|--------------------------------------|--|
| Na | me of Limited Partnership or Lir | nited Liability I | Limited Partnership |
| 2. |)5/24/2022 | 3. | A22000000312 |
| Date of filing | z/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 Florid |
| | Joy_M | 1ye <u>rs</u> | |
| | Name | | |
| | 301 S New York | Ave, Suite | 200 |
| | Add | ress | |
| | Winter Park | ; FL 32789 | 7 |
| | City, State | e and Zip | |
| 5. The name and Flor | rida street address of the new reg | istered agent an | nd/or office: |
| | _ | | , |
| | R. Anthor | - | · |
| | | | |
| | 301 S New York | | |
| | Florida street address (P | .O. Box not acc | ceptable) |
| | Winter Park | FI | L32789 |
| ٨ | City, State | e and Zip | |
| Such change(s) is/ | are effective when filed by the Fl | iorida Departme | ent of State. |
| Signature of General | Partner LLAINE WEEL | LBR | |
| comply with the provi | opointment as registered agent ar sions of all statutes relative to th h an accept the obligations of my | nd agree to act i e proper and co | in this capacity. I further agree to omplete performance of my duties, gistered agent. |
| | | | |
| Filing Fee: | \$35.00 | | |

Certified Copy (optional): \$52.50

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