

A 22 000000335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

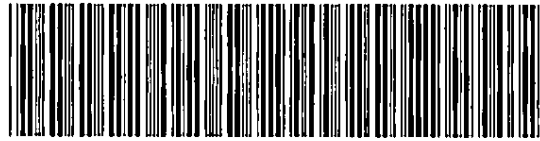
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TALLAHASSEE, FLORIDA

2022 AUG 29 AM 11:18

2022 AUG 29 AM 8:59

8/30/2022

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

ACCOUNT NO. : I20000000195

REFERENCE : 911788 8172078

AUTHORIZATION : 

COST LIMIT : \$35.00

-----  
ORDER DATE : August 29, 2022

ORDER TIME : 10:55 AM

ORDER NO. : 911788-005

CUSTOMER NO: 8172078  
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CHANGE OF AGENT

NAME: SLINGSHOT EDU LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker -- EXT#

EXAMINER: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SLINGSHOT EDU LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** \_\_\_\_\_

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:

Aaron Snyder

\_\_\_\_\_  
Contact Person

Slingshot LP

\_\_\_\_\_  
Firm/Company

1500 S Western Ave

\_\_\_\_\_  
Address

Marion, IN 46953

\_\_\_\_\_  
City, State and Zip Code

invoices@slingshotedu.com

\_\_\_\_\_  
E-mail address. (to be used for future annual report notification)

For further information concerning this matter, please call:

Aaron Snyder

at ( 765 ) 405-0249

\_\_\_\_\_  
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. SLINGSHOT EDU LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 06/02/2022

Date of filing registration in Florida

3. A22000000335

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:

CORPORATION SERVICE COMPANY

Name

250 EMS T5 LN

Address

LEESBURG, FL 46538

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

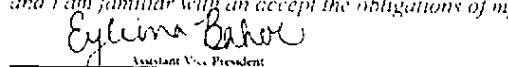
FL 32301

City, State and Zip

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

  
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.*

  
Assistant Vice President  
Signature of Registered Agent

2022 JUN 29 AM 8:59