

A 22 0000000506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

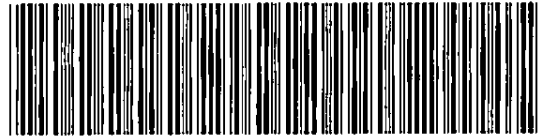
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OFFICE OF CORPORATIONS
2023 MAY -2 PM 2:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cholewa Consulting, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A22000000506

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:

Daniel Cholewa

Contact Person

Dan Cholewa Consulting LLC

Firm/Company

9812 Alhambra Ln

Address

Bonita Springs, FL 34135

City, State and Zip Code

coaching@dancholewa.com

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

For further information concerning this matter, please call:

Daniel Cholewa

at (818) 825-0605

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. Cholewa Consulting, LP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/02/2022

Date of filing/registration in Florida

3. A22000000506

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:

Business Filings Incorporated

Name

1200 South Pine Island Rd

Address

Plantation, FL 33324

City, State and Zip

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

Registered Agents Inc

Name

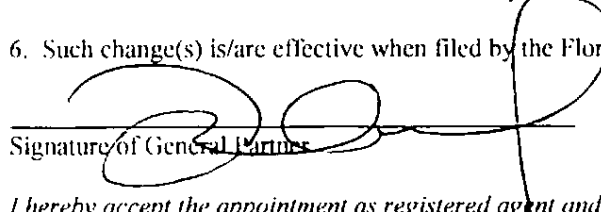
7901 4th St N, Ste 300

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.


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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