Division of Corporations Electronic Filing Cover Sheet

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LP ROCharge

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To:

Division of Corporations

Fax Mumber : (850) 617+6383

From:

Account Number : URS AGENTS LLC Account Number : I20150000127 Phone : (800)567-4397 Fax Number : (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Larry@AzzurroRealty.com

REGISTERED AGENT CHANGE AZZURRO CAPITAL FL LP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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From: Kimberly Rogers

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(((H24000117181 3)))

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: AZZURRO CAPITAL FL LP		
Name of Limited Partnershi	p or Limited Liabili	ity Limited Partnership
DOCUMENT NUMBER: A22000000663		
The enclosed Statement of Change of Regifee(s) are submitted for filing.	stered Office and	d/or Registered Agent and
Please return all correspondence concernin	g this matter to:	
Larry Rascazzi		
Contact Person	-	-
AZZURRO CAPITAL EL LP		
Firm-Company	-	-
8833 MILESTONE DRIVE		
Address		-
SARASOTA, FL 34238		
City, State and Zip Code	-	-
larry@rascazzi.com		
E-mail address: (to be used for future annual r	eport notification)	
For further information concerning this ma	tter, please call:	
Kathy Clark	at (567-4397
Name of Contact Person		nd 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, FI. 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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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. AZZURRO CAPITAL FL LP Name of Limited Partnership or Limited Liability Limited Partnership

3. A2200000663

Florida document number

2. 11/30/2022

Date of filing/registration in Florida

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

URS AGENTS, LLC

11345 7TH STREET EAST

TREASURE ISLAND, FL 33706
City, State and Zip

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

3458 Lakeshore Drive

Florida street address (P.O. Box not acceptable)

Tallahassee

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

Signature of Chicagon 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 an accept the obligations of my position as registered agent.

Na() การ์ Kathy Clark, Asst. Secretary

Filing Fee:

\$35.00

Certified Copy (optional): \$52.50