

A23000000502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

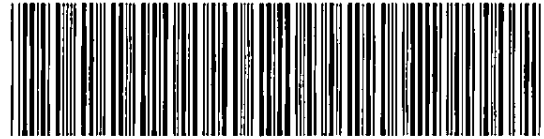
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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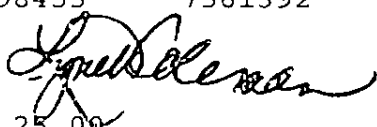
FILED
2024 FEB -6 AM 8:46

FILED
2024 FEB -6 AM 11:50
TALLAHASSEE, FLORIDA

A. RAMSEY
FEB 12 2024

X02250, 00524, 00671

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

ACCOUNT NO. : I20000000195
REFERENCE : 298455 7561392
AUTHORIZATION : 
COST LIMIT : \$ 25.00

ORDER DATE : January 30, 2024
ORDER TIME : 8:51 AM
ORDER NO. : 298455-005
CUSTOMER NO: 7561392

CHANGE OF AGENT

NAME: LIBERTY HOTEL FUND I,
LLLP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 7, 2024

CORPORATION SERVICE COMPANY

TALLAHASSEE, FL 32301

SUBJECT: LIBERTY HOTEL FUND I, LLLP
Ref. Number: A23000000502

RESUBMIT
Please give original
submission date as file date.

We have received your document for LIBERTY HOTEL FUND I, LLLP and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

The form that you submitted is incorrect. It is for a limited liability company and your entity is a limited partnership. I have enclosed the correct form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Annette Ramsey
OPS

Letter Number: 224A00002713

RECEIVED
2024 FEB -9 AM 11:15
CORPORATION SERVICE COMPANY

**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. Liberty Hotel Fund I, LLLP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/13/2023 3. A23000000502
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:

ZKS REGISTERED AGENT SERVICES, LLC
Name
315 E. ROBIN STREET, SUITE 600
Address
ORLANDO, FL 32801
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.

Adam Mickelson
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.

Alexis Weiland-Jensen, ACP
Signature of Registered Agent

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

FILED
2024 FEB -6 AM 8:46
CLERK OF COURT
JANET F. BROWN