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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LOWNDES, DROSDICK, DOSTER, KANTOR & REED, P.A.
Account Number : 072720000036
Phone : (407)843-4600
Fax Number : (407)377-6544

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

Email Address: _____

REGISTERED AGENT CHANGE
OLD TOWN KISSIMMEE, LTD.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	$87.50

2024 JUL 26 PM 12:30

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JUL 29 2024
K. Brumbley

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. OLD TOWN KISSIMMEE, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. June 10, 1987
Date of filing/registration in Florida

3. A24662
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:

CT Corporation System
Name

1200 South Pine Island Road
Address

Plantation, Florida 33324
City, State and Zip

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

Shawn Rader
Name

215 North Eola Drive
Florida street address (P.O. Box not acceptable)

Orlando FL 32801
City, State and Zip

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

OLD TOWN, OF, INC., a Florida corporation

Signature of General Partner Mick Holland, President

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.

Signature of Registered Agent
Shawn Rader

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

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