

# Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**A25246**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000106558 3))



H200001065583ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (855)330-1010

\*\*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

CARAVEL, L.L.L.P.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

RECEIVED

2020 APR 10 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 APR 10 AM 8:51

**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. CARAVEL, L.L.L.P.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 09/29/1987

Date of filing/registration in Florida

3. A25246

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:

SWEENEY, JOHN F

Name

26301 SIENA DR.

Address

BONITA SPRINGS, FL 34134

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.

John Sweeney  
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.*

Bill Name  
Signature of Registered Agent

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2020 APR 10 AM 8:51