

A31988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

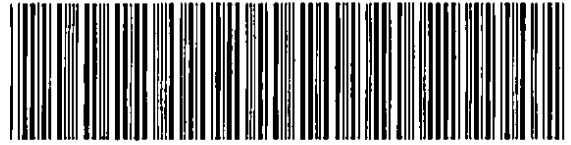
(Business Entity Name)

(Document Number)

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JUN 19 2019

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

ACCOUNT NO. : I20000000195
REFERENCE : 811184 7870092
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 35.00

ORDER DATE : June 17, 2019
ORDER TIME : 8:48 AM
ORDER NO. : 811184-005
CUSTOMER NO: 7870092

CHANGE OF AGENT

NAME: KANCOV INVESTMENT LIMITED
PARTNERSHIP

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kancov Investment Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A31988

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:

Arlene Schnaidt

Contact Person

Kancov Investment Limited Partnership

Firm/Company

27750 Stansbury, Suite 200

Address

Farmington Hills, Michigan 48334

City, State and Zip Code

arlene@dembsroth.com

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

For further information concerning this matter, please call:

Karen Rockholt

at (248)

473-5511

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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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. Kancov Investment Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 09/18/1991 3. A31988
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:

Stuart Cohen C/O Central Realty
Name
6580 72nd Avenue N.
Address
Pinellas Park, Florida 33781
City, State and Zip

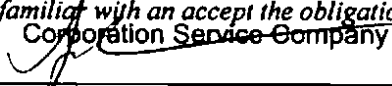
5. The name and Florida street address of the new registered agent and/or office:

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.


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.

By:  Lydia Cohen
Signature of Registered Agent Asst. Vice President

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

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