## A 95 000000864

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JUN 13 2019 C Kinsey

## COVER LETTER

TO:	Amendment Section Division of Corporations	
SHRI	ECT: The Barce	elona Collection, Ltd.
9 <b>00</b>	Name of Limited Partnershi	p or Limited Liability Limited Partnership
DOC	ument number: <u>A950000008</u>	64
The er	nclosed Resignation of Registered Age	nt and fee(s) are submitted for filing.
Pleasc	return all correspondence concerning	this matter to:
	Corinne P. McClure, Senior Para Contact Person	alegal
	McGuireWoods LLP	
	Firm/Company	300
	50 North Laura Street, Suite 3 Address	300
	Jacksonville, FL 32202 City, State and Zip Code	
1:	cmcclure@mcguirewoods.co	om port notification)
	urther information concerning this matt	
	Corinne McClure	at (904)798-3294 Area Code and Daytime Telephone Number
	sed is a check made payable to the Flo	
<b>√</b> \$8	7.50 Filing Fee \$140.00 (\$8	37.50 Filing Fee and \$52.50 Certified Copy Fee)
STREET ADDRESS: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		MAILING ADDRESS: Amendment Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

INHS16 (01/06)

## RESIGNATION OF REGISTERED AGENT FOR LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

Pursuant to the provi	sions of section 620.1116, Flo	orida Statutes, the undersigned,	
	RAX Co.	, hereby resigns as	
	Name of Registered Agent	······································	
Registered Agent for		ona Collection, Ltd.	 ship
1050		,	- 1
	00000864		
Florida Documen	t Number, if known		
The agent is termin the Florida Departi		ne date on which this statement  Cor gistered Agent	is filed by
If signing on behal			SECKLAHASS
-	Typed or Pri		THE PARTY OF THE P
	Presi		SSE A
	Сара	city :	AMII:2

\$87.50

Filing Fee:

Certified Copy (optional): \$52.50