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

From:

| Account Name | : | GREENSPOON MARDER, P. | Α. |
|-------------------|-----|-----------------------|----|
| Account Number | | | |
| Phone | : | (888)491-1120X 6217 | |
| Fax Number | : | (954)333-2132 | |
| GM FILE NO. 31020 | B.C | 006 | |
| | | | |

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

Email Address: thefallsmb@taplinfallstd.com



REGISTERED AGENT CHANGE TAPLIN FALLS, LTD.

| Certificate of Status | 0 |
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| Certified Copy | U |
| Page Count | 01 |
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: TAPLIN FALLS, LTD. Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A95000C01322

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:

JENNIFER SZALAS

Contact Person

TAPLIN DEVELOPMENT CORPORATION

Firm/Company

13651 N.W. 4TH STREET

Address

PEMBROKE PINES, FL 33028

City, State and Zip Code

thefallsmb@taplinfallsltd.ccm

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

For further information concerning this matter, please call:

| Jennifer Szalas | at () 437-1435 |
|------------------------|--|
| Name of Contact Person | Area Code and Daytime Telephone Number |

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

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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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 Plorida.

| ì., | TAPLIN FALLS, LTD | | | |
|-----|--|--|--|--|
| | Name of Limited Partnership or Li | Name of Limited Partnership or Limited Liability Limited Partnership | | |
| 2. | 09/06/1995 | 3. A95000001322 | | |
| | 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:

> LILIAN GIL ____ Name 13651 N.W. 41H STREET Address PEMBROKE PINES, FL 33028 City, State and Zip

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

| Name | • |
|-----------------------------|-----------------------|
| 13651 N.W. 4TH STREET | |
| Florida street address (P.O | . Box not acceptable) |
| PEMBROKE PINES | FL ³³⁰²⁸ |
| City, State a | and Zip |

6. Such change(s) is/are citective when the TAPLIN MEADOWS DEVELOPMENT, CORF BY: NAPLIN, PRESIDENT JACK Signature of Generation

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.

<u>Jennifer R. Szalae</u> Signature of Registered Agent

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