

A96 000002238

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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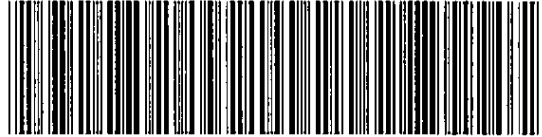
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
REGISTRY SERVICE

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KOPSTEIN FAMILY, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A96000002238

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:

Contact Person  
**KOPSTEIN FAMILY, LLLP**  
Firm/Company  
**PO BOX 420854**  
Address  
**MIAMI, FL 33242**  
City, State and Zip Code  
**RNOVAS@MIAMIWASTEPAPER.COM** ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**RONALD NOVAS** at ( **305** ) **325-0860**  
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

**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. KOPSTEIN FAMILY, LLLP  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/06/1996 3. A96000002238  
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:

ATRIUM REGISTERED AGENTS, INC  
Name

8950 SOUTHWEST 74TH COURT SUITE 1901  
Address

MIAMI, FL 33156  
City, State and Zip

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

RONALD NOVAS  
Name

2120 NW 14 AVE  
Florida street address (P.O. Box not acceptable)

Miami FL 33142  
City, State and Zip

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

Ronald Novas  
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.*

Ronald Novas  
Signature of Registered Agent

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SECRETARY OF STATE  
TALLAHASSEE, FL