

5/12/2021

**A970002474**

Division of Corporations

Florida Department of State

Division of Corporations  
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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  
LEIBOWITZ PROPERTIES, LTD.**

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

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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. LEIBOWITZ PROPERTIES, LTD.

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/14/1997

Date of filing/registration in Florida

3. A97000002474

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:

Natalie Jacobs

Name

10140 W Bay Harbor Drive 501

Address

Bay Harbor Island, FL 33154

City, State and Zip

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

Northwest Registered Agent LLC

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.

Rita Hurwitz

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.*

Tom Glavin

Signature of Registered Agent

Filing Fee: \$35.00

Certified Copy (optional): \$52.50

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