

A97000002507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

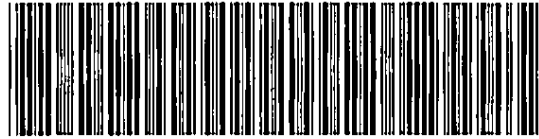
(Business Entity Name)

(Document Number)

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STATEMENT

MAR 17 2021

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Covelli Family Limited Partnership  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** A97000002507

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:

Kevin P. Murphy

\_\_\_\_\_  
Contact Person

Harrington, Hoppe & Mitchell, Ltd.

\_\_\_\_\_  
Firm/Company

108 Main Ave SW, Ste 500

\_\_\_\_\_  
Address

Warren, OH 44481

\_\_\_\_\_  
City, State and Zip Code

kmurph@2hhmlaw.com

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

For further information concerning this matter, please call:

Kevin Murphy at ( 330 ) 392-1541

\_\_\_\_\_  
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

**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. The Covelli Family Limited Partnership

Name of Limited Partnership or Limited Liability Limited Partnership

2. 11/17/1997

Date of filing/registration in Florida

3. A97000002507

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:

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr

Address

Tallahassee, FL 32301

City, State and Zip

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

Kevin Ricci

Name

4300 West Cypress St, Suite 850

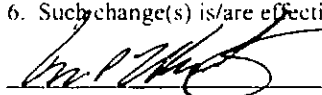
Florida street address (P.O. Box not acceptable)

Tampa

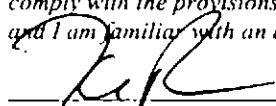
FL 33607

City, State and Zip

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

  
Signature of General Partner Kevin P. Murphy, Secretary of A.M. Covelli Company, Inc.,  
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.*

  
Signature of Registered Agent

**Filing Fee: \$35.00**

**Certified Copy (optional): \$52.50**

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