

A98000000055

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2/29/16

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shipman Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A98000000055

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:

Kathryn A. Rinn
Contact Person

Shipman Family Limited Partnership
Firm/Company

201 Bradford Dr
Address

Milford OH 45150
City, State and Zip Code

shipmanfamilyLP@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathryn Rinn at (513) 314-8048
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. Shipman Family Limited Partnership
Name of Limited Partnership or Limited Liability Limited Partnership
2. 12/31/1997 3. A98000000055
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:

Jack H. Shipman
Name
3181 Matecumbe Key Rd #3
Address
Punta Gorda, FL 33955
City, State and Zip

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

Suzanne M. Cohen
Name
157 Fiesta Way
Florida street address (P.O. Box not acceptable)
Ft Lauderdale FL 33301
City, State and Zip

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

Kathryn A. Rinn
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.

Suzanne Cohen
Signature of Registered Agent

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

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