

A98000001875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

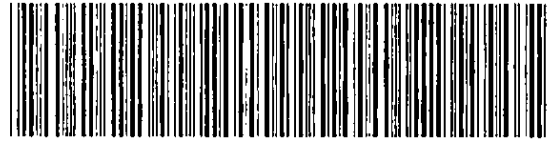
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2022 JUN -7 PM 6:03
SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN -7 AM 11:31
TALLAHASSEE, FL

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 723137 8276536
AUTHORIZATION : *Lyndee Coleman*
COST LIMIT : \$ 35.00

ORDER DATE : June 3, 2022
ORDER TIME : 4:40 PM
ORDER NO. : 723137-021
CUSTOMER NO: 8276536

CHANGE OF AGENT

NAME: CHEN ONE LTD. PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER: _____

**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. CHEN ONE LTD. PARTNERSHIP

Name of Limited Partnership or Limited Liability Limited Partnership

2. 08/05/1998

Date of filing/registration in Florida

3. A98000001875

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:

Chandler, Kathryn

Name

1395 NW 167 Street

Address

Miami Gardens, FL 33169

City, State and Zip

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

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

City, State and Zip

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

Jill E. Chmi
Signature of General Partner

JILL CHMI, VICE PRESIDENT ON BEHALF OF CHEN ONE
CORP., ITS 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.

Grace E. Kirby
Signature of Registered Agent

GRACE E. KIRBY, ASST. VICE PRESIDENT

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

FILED
JUN -7 PM 6:00
SECRETARY OF STATE
TALLAHASSEE, FL