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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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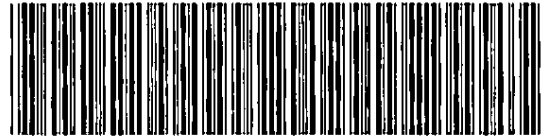
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J. AND S. SIDDIQUI LIMITED PARTERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: A99000000438

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:

JALEEL SIDDIQUI
Contact Person
J. AND S. SIDDIQUI LIMITED PARTERSHIP
Firm/Company
2775 LAS CALINAS BLVD.
Address
SAINT AUGUSTINE, FL 32095
City, State and Zip Code
J. SIDDIQUI @ aol. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JALEEL SIDDIQUI at (904) 824-1668
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

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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. J. ANDS. LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 03/18/1999 3. A9000000438
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:

SIDDIQUI, SAMIR A.
Name

2465 US Highway 1 South, unit 78
Address

Saint Augustine, FL 32086
City, State and Zip

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

JALEEL Y. SIDDIQUI
Name

2775 LAS CALINAS BLVD.
Florida street address (P.O. Box not acceptable)

Saint-Augustine FL 32095
City, State and Zip

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

Siddiqui
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.

J. Siddiqui, and
Signature of Registered Agent

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

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