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SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Kingsbay Holdings. Ltd.		
Name of Limited Partnership o	or Limited Liability Limited Partnership	
	stanted classify islanted t artifership	
DOCUMENT NUMBER: A99000000620		
The enclosed Statement of Change of Register fee(s) are submitted for filing.	ered Office and/or Registered Agent and	
Please return all correspondence concerning t	his matter to:	
Leslie Wager Hudock, Esq.		
Contact Person	<del></del>	
Buchanan Ingersoll & Rooney PC		
Firm/Company	<del></del>	
401 E. Jackson Street, Suite 2400		
Address		
Tampa, FL 33602		
City, State and Zip Code		
leslie.hudock@bipc.com		
E-mail address: (to be used for future annual repo	ort notification)	
For further information concerning this matte	r. please call:	
Leslie Wager Hudock	at ( <sup>813</sup> ) <sup>222-3376</sup>	
Name of Contact Person	Area Code and Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	he Florida Department of State.	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	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.

0 0		in a contract the black of Florida.	
L Kingsbay H	oldings, Ltd.		
N	ame of Limited Partnership	or Limited Liability Limited Partnersh	
<sub>2.</sub> April 16, 19	, 1999 3. A9900000620		0
Date of filin	g/registration in Florida	Florida docume	ent number
4. The name of the r Department of State:	egistered agent and the regis	stered office address as shown on the re	ecords of the Florida
	Mark R. Pickett		
		Name	
	1035 S. Suncoast	Blvd.	
Address			
Homosassa, FL 34448		34448	SE(
	City,	State and Zip	
5. The name and Flo	rida street address of the nev	w registered agent and/or office:	620 JUN :- ( ECRETAR) TALLAHA
	Holly R. Elpers		S. T.
		Name	of s
	1035 S. Suncoast	Blvd.	
	Florida street addre	ss (P.O. Box not acceptable)	. rri <b>45</b> `
	Homosassa	FL 34448	
	City,	State and Zip	
6. Such change(s) is/ Crystal Motor Car Co By: Signature of General	Partner Steven D. Lamb. Pres	he Florida Department of State.	
of Crystal Motor Car Cor I hereby accept the ap comply with the provi	npany, Inc. oppointment as registered age isions of all statutes relative than afterpt the obligations of	ent and agree to act in this capacity. It to the proper and complete performant of my position as registered agent.	further agree to we of my duties,

\$35.00

Filing Fee:

Certified Copy (optional): \$52.50