A990000010a1

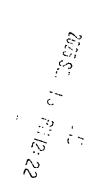
(F	Requestor's Name)					
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(E	Business Entity Name)					
(Document Number)						
Certified Copies	Certificates of	Status				
Special Instructions to Filing Officer:						
	J. HORNE					
	SEP 17 2025					

Office Use Only



200457649072

ZECS SEP 16 MIII: 11



CSC - Tallahassee
CSC 1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969
Date: 09/16/25
Order #: 4405573-1
Re: LGL REALTY, LTD.
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$35.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Amanda Miller
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO:	CO: Registration Section Division of Corporations				
SUBJ	ECT: LGL REALTY, LTD.				
пово.	Name of Limited Partnershi	ip or Limited Liability Limited Partnership			
DOCU	JMENT NUMBER:	·			
	iclosed Statement of Change of Regi are submitted for filing.	stered Office and/or Registered Agent and			
Please	return all correspondence concernin	g this matter to:			
	Charles M. LeSchack				
	Contact Person				
	Cummings & Lockwood LLC				
	Firm/Company	· · · · · · · · · · · · · · · · · · ·			
	Six Landmark Square, 8th Floor	-			
	Address				
	Stamford, CT 06901				
	City, State and Zip Code				
cles	schack@cl-law.com				
E-	mail address: (to be used for future annual r	report notification)			
For fur	rther information concerning this ma	itter, please call:			
	Charles M. LeSchack	at () 351-4418			
	Name of Contact Person	Area Code and Daytime Telephone Number			
Enclos	ed is a \$35.00 check made payable t	o the Florida Department of State.			
		Street Address:			
_	egistration Section Registration Section				
	on of Corporations	Division of Corporations			
	ox 6327	The Centre of Tallahassee			
Tallaha	assee, FL 32314	2415 N. Monroe Street, Suite 810			
		Tallahassee, FL 32303			

LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP?: 23 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.	LGL REALTY, LTD.				
N	ame of Limited Partnershi	p or Limited Liab	ility Limited Partner	rship	
6/24/1999)	3	A9900000	1021	
Date of filin	Date of filing/registration in Florida		3. A99000001021 Florida document number		
4. The name of the r Department of State:	egistered agent and the rep	gistered office add	iress as shown on th	e records of the Florida	
	John I	P. Lomangino			
		Name		_	
	12600 Corpora	ate Lakes Drive,	Suite 10		
		Address .		=	
	Fort M	Myers, FL 33913			
	Ci	ty, State and Zip		-	
5. The name and Flo	rida street address of the r	new registered ago	ent and/or office:		
	Corporation Service C	Company			
		Name		-	
	1201 Hays Street				
	Florida street add	lress (P.O. Box no	ot acceptable)	_	
	Tallahassee		_FL_32301		
	Cit	ty, State and Zip		-	
i. Such change(s) is/	are effective when filed b	y the Florida Dep	artment of State.		
A.H.	of forming				
Signature of General	Partner	wy			
J	•		ar ar a	1.Ct	
	ppointment as registered a isions of all statutes relativ				
	h an accept the obligation.				
	1 i				
ignature of Register	ed Agent				
Filing Fee: Certified Copy (c	\$35.00 ontional): \$52.50				