

B 0000 0000 048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

☐

MAIL

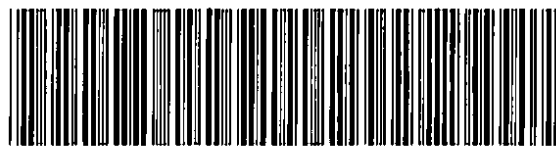
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2020 FEB 27 PM 4:47  
FEB 27 2020  
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I ALBRITTON



CSC - WILMINGTON  
251 Little Falls Drive  
Wilmington De 19808

800-927-9800  
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Meghan Groom meghan.groom@cscglobal.com

Date: February 25, 2020

Order#: 184995-020

Re: HOLLIDAY FENOGLIO FOWLER, L.P.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Meghan Groom  
c/o Corporation Service Company  
251 Little Falls Drive  
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

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

QUCA.XCOA

**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. HOLLIDAY FENOGLIO FOWLER, L.P.  
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/25/2000 3. B000000000048  
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:

C T CORPORATION SYSTEM  
Name

1200 SOUTH PINE ISLAND ROAD  
Address

PLANTATION, FL 33324  
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. Cilmi  
Signature of General Partner  
Jill Cilmi, Vice President on behalf of  
Holliday GP Corp., 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.*

By: Grace E. Kirby  
Signature of Registered Agent Grace E. Kirby, Assl. Vice President

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

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2020 FEB 27 PM 4:17  
STATE OF FLORIDA  
DEPARTMENT OF STATE