

B00000000000 112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

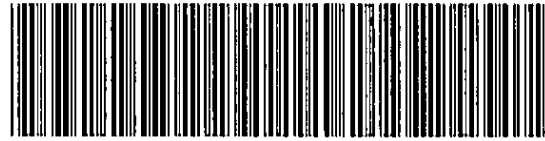
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

RECEIVED

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

ACCOUNT NO. : I20000000195

REFERENCE : 819165 7915234

AUTHORIZATION : 

COST LIMIT : \$ 35.00

ORDER DATE : June 16, 2023

ORDER TIME : 10:34 AM

ORDER NO. : 819165-021

CUSTOMER NO: 7915234

CHANGE OF AGENT

NAME: ACADEMY, LTD.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS: _____

**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. ACADEMY, LTD.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 04/11/2000 3. B00000000112
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

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

Jill E. Ciloni
Signature of General Partner

Jill Ciloni, Vice President on behalf of Academy Managing Co., L.L.C. 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