B01000000055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Ltd RA change

FILED
2023 MAY -4 AM 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. RAMSEY
MAY - 5 2023

FILED
2023 MAY -4 AM 11:40
TALLAHASSEE, FLORIDA

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

ACCOUNT NO. : I20000000195

REFERENCE : 718682 4371937

AUTHORIZATION :

COST LIMIT : $. 35.00

ORDER DATE : May 3, 2023

ORDER TIME : 10:30 AM

ORDER NO. : 718682-010

CUSTOMER NO: 4371937

CHANGE OF AGENT

NAME: DIVINE & SERVICE, 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. DIVINE & SERVICE, LTD
Name of Limited Partnership or Limited Liability Limited Partnership

2. 02/14/2001
Date of filing registration in Florida

3. B01000000055
Florida document number

FILED
2023 MAY -4 AM 11:36

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.

Michelsa Calderon, Assistant Secretary
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 an accept the obligations of my position as registered agent.

Assistant Vice President
Signature of Registered Agent

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