

BO1000000079

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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cf 10/13/2022



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: 1200000000088

Date: 10/12/2022

Name: Jennifer Bialowas

Reference #: 1795030

Entity Name: SB ASSOCIATES LIMITED PARTNERSHIP

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

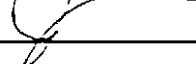
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: 35.00

Signature: 

**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. SB ASSOCIATES I LIMITED PARTNERSHIP
Name of Limited Partnership or Limited Liability Limited Partnership
2. March 9, 2001 3. B01000000079
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:

UNIVERSAL REGISTERED AGENTS, INC.
Name
1317 CALIFORNIA ST.
Address
TALLAHASSEE, FL 32304
City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

COGENCY GLOBAL INC.
Name
115 North Calhoun St., Suite 4
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.

/s/ David M Rubin, Vice President of SB Associates Management Co., General Partner
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 and accept the obligations of my position as registered agent.

/s/ Sean Honan, Assistant Secretary
Signature of Registered Agent

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

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