

1303000000 297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TO: Registration Section
Division of Corporations

SUBJECT: CARTOON CUTS, LP
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: B03000000297

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KATHLEEN PERKAL

Contact Person

CARTOON CUTS LP

Firm/Company

1500 W CYPRESS CREEK ROAD, SUITE 101

Address

FORT LAUDERDALE, FL 33309

City, State and Zip Code

accountspayable@cartooncuts.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janessy Pazos

Name of Contact Person

at (954) 653-2887

Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**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. CARTOON CUTS, LP
Name of Limited Partnership or Limited Liability Limited Partnership
2. 08/17/2003 3. B03000000297
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:

ADAM EGLIN
Name
2948 NW 60TH Street
Address
Fort Lauderdale, FL 33309
City, State and Zip

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

Casey Perkal
Name
1500 W Cypress Creek Road, Suite 101
Florida street address (P.O. Box not acceptable)
Fort Lauderdale FL 33309
City, State and Zip

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

Cartoon Cuts LP by: Casnew Holdings, Inc. by
Signature of General Partner *Katherine Deval*

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.

[Signature]
Signature of Registered Agent

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