

B03 0000000403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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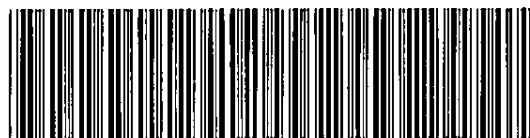
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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

ACCOUNT NO. : I20000000195

REFERENCE : 847608 5057825

AUTHORIZATION :

COST LIMIT : \$ 35.00



ORDER DATE : December 18, 2024

ORDER TIME : 12:33 PM

ORDER NO. : 847608-032

CUSTOMER NO: 5057825

CHANGE OF AGENT

NAME: CHAMPIONSGATE CONDO I, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS: _____

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**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. CHAMPIONSGATE CONDO I, LP
Name of Limited Partnership or Limited Liability Limited Partnership

2. 12/03/2003 3. B03000000403
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.

/s/Ira M. Mitzner By: CHAMPIONSGATE CONDO I GP, LLC, General Partner
Signature of General Partner Ira M. Mitzner, Authorized Person

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

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