

Division of Corporations

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### REGISTERED AGENT CHANGE PERIGEE SECURITIES LP

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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TALLAHASSEE, FLORIDA

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JUN 25 2014  
J. BRUCE

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** PERIGEE SECURITIES LP  
Name of Limited Partnership or Limited Liability Limited Partnership

**DOCUMENT NUMBER:** B05000000145

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:**

Christine Jakusovas

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Contact Person

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PERIGEE SECURITIES LP

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Firm/Company

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1605 Main Street #709

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Address

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Sarasota, FL 34236

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City, State and Zip Code

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cjakusovas@perigeegroup.com

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

**For further information concerning this matter, please call:**

Name of Contact Person \_\_\_\_\_ at ( \_\_\_\_\_ ) \_\_\_\_\_  
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

FILED  
2014 JUN 24 AM 10:56  
CLERK OF STATE  
HALL COUNTY FLORIDA

INHS04 (01/06)

**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. PERIGEE SECURITIES LP  
Name of Limited Partnership or Limited Liability Limited Partnership
2. 03/23/2005 3. B05000000145  
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:

STROBEL, GEORGE L, II  
Name

4704 64TH DRIVE WEST  
Address

BRADENTON, FL 34210  
City, State and Zip

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

C T Corporation System  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box not acceptable)

Plantation, FL 33324  
City, State and Zip

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

[Signature] Attorney in Fact for Perigee Securities LP  
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.*

[Signature] Danijela Byers, Asst. Secretary  
Signature of Registered Agent

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

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TALLAHASSEE, FLORIDA